

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 1-15, 2006**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Pre-application <input type="checkbox"/> Non-Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  <b>3. DATE RECEIVED BY STATE</b>  <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Applicant Identifier  State Application Identifier  Federal Identifier																					
<b>5. APPLICANT INFORMATION</b> Legal Name: <b>CAMPESINOS UNIDOS, INC.</b> Organizational DUNS: Address: <b>1005 "C" STREET</b> Street: <b>BRAWLEY</b> City: <b>IMPERIAL</b> County: <b>CA</b> Zip Code: <b>92227</b> State: <b>UNITED STATES</b> Country:																								
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <b>95-2745629</b>		<b>Organizational Unit:</b> Department: Division: <b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: <b>MRS.</b> First Name: <b>ANGEL</b> Middle Name: Last Name: <b>SALDIVAR</b> Suffix: Email: <b>babyangel1979@msn.com</b> Phone Number (give area code): <b>(760) 351-5116</b> Fax Number (give area code): <b>(760) 344-0322</b>																						
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <b>0 - NOT FOR PROFIT</b> Other (specify):																						
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): <b>10-766</b>		<b>9. NAME OF FEDERAL AGENCY:</b> <b>USDA - RURAL DEVELOPMENT</b> <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <b>PHYSICAL FITNESS AREA AT WESTMORLAND CENTER</b> <b>CAMPESINOS UNIDOS, INC.</b>																						
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> <b>WESTMORLAND, CA</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant      b. Project																						
<b>13. PROPOSED PROJECT</b> Start Date:      Ending Date:		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <b>3/8/06</b> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																						
<b>15. ESTIMATED FUNDING:</b> <table style="width:100%;"> <tr> <td>a. Federal</td> <td>\$</td> <td style="text-align: right;">31,329.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">10,443.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">41,772.00</td> </tr> </table>		a. Federal	\$	31,329.00	b. Applicant	\$	10,443.00	c. State	\$		d. Local	\$		e. Other	\$		f. Program Income	\$		g. TOTAL	\$	41,772.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	31,329.00																						
b. Applicant	\$	10,443.00																						
c. State	\$																							
d. Local	\$																							
e. Other	\$																							
f. Program Income	\$																							
g. TOTAL	\$	41,772.00																						
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																								
<b>a. Authorized Representative</b> Prefix: <b>MR.</b> First Name: <b>JOSE</b> Middle Name: <b>M.</b> Last Name: <b>LOPEZ</b> Suffix: b. Title: <b>EXECUTIVE DIRECTOR</b> c. Telephone Number (give area code): <b>(760) 351-5100</b> d. Signature of Authorized Representative: <i>Jose M Lopez</i> e. Date Signed: <b>3-6-06</b>																								

## PART I - FACE SHEET

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		1. TYPE OF SUBMISSION: Non-Construction														
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 01/19/06	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER														
2b. APPLICATION ID: 06SR05N139	4. DATE RECEIVED: 01/19/06	GRANT NUMBER:														
<b>5. APPLICATION INFORMATION</b>																
LEGAL NAME: Vna & Hospice of Southern Ca DUNS NUMBER: 054281436		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give vna code): NAME: Patrick A. Henny TELEPHONE NUMBER: (909) 624-0355 FAX NUMBER: (909) 624-1294 INTERNET E-MAIL ADDRESS: phenny@vnahospital.org														
ADDRESS (give street address, city, state and zip code) 150 W First St Suite 270 Chico, CA 95111 - 4750		<div style="border: 2px solid black; padding: 10px; width: 150px; margin: auto;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.1em; margin: 0;">MAR 15 2006</p> <p style="font-size: 0.9em; margin: 0;">STATE CLEARING HOUSE</p> </div>														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 951733155																
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span> A. Increase Award      B. Decrease Award      C. Increase Duration D. Decrease Duration																
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 84 002 10b. TITLE: Retired and Senior Volunteer Program 12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): California, West Valley of San Bernardino County, Cities and unincorporated areas of Bloomington, Chino, Chino Hills, Colton, Fontana, Grand Terrace, Montclair, Mt. Diddy V		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization 9. NAME OF FEDERAL AGENCY: <b>Corporation for National and Community Service</b>														
13. PROPOSED PROJECT: START DATE: 04/01/06      END DATE: 03/31/09 15. ESTIMATED FUNDING: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">a. FEDERAL</td> <td style="width: 40%; text-align: right;">\$ 68,700.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: right;">\$ 78,437.00</td> </tr> <tr> <td>c. STATE</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td style="text-align: right;">\$ 72,687.00</td> </tr> <tr> <td>e. OTHER</td> <td style="text-align: right;">\$ 6,650.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 147,137.00</td> </tr> </table>		a. FEDERAL	\$ 68,700.00	b. APPLICANT	\$ 78,437.00	c. STATE	\$ 0.00	d. LOCAL	\$ 72,687.00	e. OTHER	\$ 6,650.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 147,137.00	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RSVF West Valley-San Bernardino Co 14. PERFORMANCE PERIOD: START DATE: 04/01/06      END DATE: 03/31/09 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 09-MAR-06 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO
a. FEDERAL	\$ 68,700.00															
b. APPLICANT	\$ 78,437.00															
c. STATE	\$ 0.00															
d. LOCAL	\$ 72,687.00															
e. OTHER	\$ 6,650.00															
f. PROGRAM INCOME	\$ 0.00															
g. TOTAL	\$ 147,137.00															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Marsha Fox	b. TITLE: President VNA & Hospice of Southern CA	c. TELEPHONE NUMBER: (909) 624-1574														
		d. DATE: 01/19/06														

OMB Approval No 0348-

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3.01.06	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: RURAL MEDIA ARTS & EDUCATION PROJECT		Organizational Unit	
Address (give city, county, State, and zip code): 4994 6TH STREET P.O. BOX 898 MARIPOSA, CA 95338		Name and telephone number of person to be contacted on matters involving this application (give area code): ANTHONY RADANOVICH 209-742-6666	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 311-11736950		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation If Revision, enter appropriate letter(s) in box(es) A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other(specify) STATE CLEARING HOUSE		A State H Independent School Dist B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) NON PROFIT	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 110 766		9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) MARIPOSA, MARIPOSA COUNTY, MADERA COUNTY		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: TECHNOLOGY GRANT	
13. PROPOSED PROJECT Start Date: 12/01/04 Ending Date: 12/01/06		14. CONGRESSIONAL DISTRICTS OF: 19TH	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a Federal USDA \$ 49,530.00		a YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE	
b Applicant INKIND \$ 31,145.00		b No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c State \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d Local CTFC \$ 55,000.00			
e Other(s) \$ 25,000.00			
f. Program Income \$			
g. TOTAL \$ 160,675.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative ANTHONY RADANOVICH		b. Title EXEC. DIRECTOR	
d. Signature of Authorized Representative		c. Telephone Number 209-742-6666	
		e. Date Signed	

Previous Edition Usual

Standard Form 424 (Rev 7-97)



**REVISED**

OMB Approval No. 0348-0043

**APPLICATION FOR FEDERAL ASSISTANCE**

1. Type of Submission: Application ____ Construction      ____ Construction ____ <u>X</u> Nonconstruction      ____ Nonconstruction		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68-00549861		4. Date Rec'd by Federal	Federal Identifier
6. DUNS Number: 808321913		Organizational Unit: San Francisco Regional Water Quality Control Board Name and telephone of person to be contacted on matters involving this application (give area code): Gina Katharia (510) 22-2378	
8. Type of Application: <u>X</u> New      ____ Revision      ____ Continuation If Revision, enter appropriate letter(s): A. Increase Award      B. Decrease Award C. Increase Duration      D. Decrease Duration Other (specify):		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State      H. Independent School District B. County      I. State Institute of Higher Learning C. Municipal      J. Private University D. Township      K. Indian Tribe E. Interstate      L. Individual F. Intermunicipal      M. Profit Organization G. Special District      N. Other (specify)	
10. Catalog of Federal Domestic Assistance Number 66.606 Title: Surveys, Studies, Investigations and Special Purpose Grants		9. Name of Federal Agency: U. S. Department of Energy	
12. Area Affected by Project: (cities, counties, states, etc.) San Francisco Bay area, California		11. Descriptive Title of Applicant's Project: Assessment and cleanup of the environmental management programs at the Department of Energy Lawrence Berkeley National Laboratory (LBNL) at Berkeley, CA and the Stanford Linear Accelerator (SLAC) at Palo Alto, CA.	
13. Proposed Project: Start Date      End Date 1/1/2006      12/31/2008		14. Congressional District of: Applicant:      Project: 3      California - All	
15. ESTIMATED FUNDING: a. Federal      \$312,609 b. Applicant      \$0 c. State      \$0 d. Local      \$0 e. Other      \$0 f. Program Income      \$0 g. TOTAL      \$312,609		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <u>X</u> This application/preapplication was made available to the State EO 12372 process for review on:      Date: March 15, 2006 b. NO:      ____ Program is not covered by EO # 12372 ____ Program has not been selected by the state for review.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? ____ YES, attach explanation <u>X</u> NO	
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 03/10/06	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: North Fork Community Development Council Inc.		<b>Organizational Unit:</b> Department: Administration	
Organizational DUNS: 02-622-7350		Division:	
<b>Address:</b> Street: 57839 Road 225 PO Box 1484		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Ms First Name: Sharon	
City: North Fork		Middle Name G.	
County: Madera		Last Name Carter	
State: CA	Zip Code 93643	Suffix:	
Country: USA		Email: scarter@northforkcdc.org	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 77-0317248		Phone Number (give area code) (559) 877-2244	
		Fax Number (give area code) (559) 877-4267	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) 0- Nor for Profit Organization Other (specify)	
		<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Water and Waste Disposal Loan & Grant Program 10-760		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Expansion of the effluent disposal site (spray field) for the Madera County owned North Fork sewage treatment plant	
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): North Fork, Madera County, California			
<b>13. PROPOSED PROJECT</b> Start Date: 03/10/06 Ending Date: 12/30/07		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 19 b. Project 19	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 902,240.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 03/10/06	
b. Applicant	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ .00		
g. TOTAL	\$ 902,240.00		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Authorized Representative			
Prefix Ms.	First Name Sharon	Middle Name G.	
Last Name Carter		Suffix	
b. Title Administrator	c. Telephone Number (give area code) (559) 877-2244		
d. Signature of Authorized Representative	e. Date Signed 03/10/06		

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b>	Applicant Identifier	
			<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
			<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: City of Claremont			Organizational Unit: Department: Administrative Services Department		
Organizational DUNS: 074130071			Division: City Manager's Office		
Address: Street: 207 Harvard Avenue P.O. Box 880			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Claremont			Prefix: Mr.	First Name: Oliver	
County: Los Angeles			Middle Name C.		
State: California			Last Name Chi		
Zip Code 91711			Suffix:		
Country: U.S.A.			Email: ochi@ci.claremont.ca.us		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-6000692			Phone Number (give area code) (909) 399-5454		Fax Number (give area code) (909) 399-5492
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) C. Municipal Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 20-500			<b>9. NAME OF FEDERAL AGENCY:</b> Federal Transit Administration (FTA)		
TITLE (Name of Program): Capital Investment Grant			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> INTERMODAL REGIONAL TRANSPORTATION CENTER / TRANSIT PARK & RIDE COMPONENT The City of Claremont is developing a transit-oriented complex supporting the multiple transit modes that converge downtown. As part of the project, the City will consolidate parking by constructing a 477 space parking structure (200 spaces reserved for transit users).		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City: Claremont; County: Los Angeles; State: California					
<b>13. PROPOSED PROJECT</b> Start Date: December 1, 2004 Ending Date: June 30, 2006			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 26 (Congressman David Dreier) b. Project 26 (Congressman David Dreier)		
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$	1,407,949 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 30, 2004		
b. Applicant (Claremont Contribution)	\$	3,806,051 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	<sup>00</sup>			
e. Other	\$	<sup>00</sup>			
f. Program Income	\$	<sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
g. TOTAL	\$	5,214,000 <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
<b>a. Authorized Representative</b>					
Prefix Mr.	First Name Jeffrey		Middle Name C.		
Last Name Parker		Suffix			
b. Title City Manager			c. Telephone Number (give area code) (909) 399-5441		
d. Signature of Authorized Representative		e. Date Signed March 13, 2006			

Previous Edition Usable  
Authorized for Local Reproduction

RECEIVED

MAR 13 2006

STATE CLEARING HOUSE

Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b>	Applicant Identifier	
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction			
<b>5. APPLICANT INFORMATION</b>				
Legal Name:		Organizational Unit:		
City of Claremont		Department: Administrative Services Department		
Organizational DUNS: 074130071		Division: City Manager's Office		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 207 Harvard Avenue		Prefix: Mr.		
P.O. Box 880		First Name: Oliver		
City: Claremont		Middle Name: C.		
County: Los Angeles		Last Name: Chi		
State: California		Suffix:		
Zip Code: 91711		Email: ochi@ci.claremont.ca.us		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-6000692		Phone Number (give area code) (909) 399-5454		Fax Number (give area code) (909) 399-5492
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) C. Municipal Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 20-507		<b>9. NAME OF FEDERAL AGENCY:</b> Federal Transit Administration (FTA)		
		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> INTERMODAL REGIONAL TRANSPORTATION CENTER / TRANSIT ENHANCEMENTS (PUBLIC ART)		

RECEIVED

MAR 13 2006

STATE CLEARING HOUSE

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application      Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier
<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	

**5. APPLICANT INFORMATION**

Legal Name: <b>I-5 Social Services Corporation</b> Address (give city, county, state, and zip code): 4491 W. Shaw Ave. Suite 100 Fresno, Ca. 93722	Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code) <p style="text-align: center; font-size: 1.2em;">Alex Valdez/Tony E. Silva (559) 275-7133</p>
---	---

<b>6. EMPLOYER IDENTIFICATION (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>7 7</span> <span>-</span> <span>0 4 8 6 3 3 2</span> </div>	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="border: 1px solid black; width: 30px; float: right; text-align: center; font-weight: bold;">N</div> <div style="clear: both;"></div> <div style="font-size: 0.8em;"> <table style="width:100%;"> <tr> <td>A. State</td> <td>H. Independent School Dist.</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify) <u>Non-Profit</u></td> </tr> </table> </div>	A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify) <u>Non-Profit</u>
A. State	H. Independent School Dist.														
B. County	I. State Controlled Institution of Higher Learning														
C. Municipal	J. Private University														
D. Township	K. Indian Tribe														
E. Interstate	L. Individual														
F. Intermunicipal	M. Profit Organization														
G. Special District	N. Other (Specify) <u>Non-Profit</u>														

<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/> <div style="font-size: 0.8em; margin-top: 5px;">           A. Increase Award      B. Decrease Award      c. Increase Duration            D. Decrease Duration      Other (specify):         </div>	<b>9. NAME OF FEDERAL AGENCY:</b> <p style="text-align: center; font-size: 1.1em;">USDA Rual Development</p>
--	---

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>1 0</span> <span>-</span> <span>7 6 6</span> </div> TITLE: <u>Community Facilities Grant</u>	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <p style="text-align: center; font-size: 1.1em;">Furnish Child Development Center</p>
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<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)</b> <p style="text-align: center; font-size: 1.1em;">City of Huron and the Surrounding Areas</p>		
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<b>13. PROPOSED PROJECT</b> Start Date      Ending Date	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant <p style="text-align: center; font-size: 1.1em;">19 Radanovich</p>
--	--

<b>15. ESTIMATED FUNDING</b> <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: center;">29,500.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: center;">30,000.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. Total</td> <td>\$</td> <td style="text-align: center;">59,500.00</td> </tr> </table>	a. Federal	\$	29,500.00	b. Applicant	\$	30,000.00	c. State	\$		d. Local	\$		e. Other	\$		f. Program Income	\$		g. Total	\$	59,500.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <div style="margin-top: 10px;">DATE _____</div> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	29,500.00																				
b. Applicant	\$	30,000.00																				
c. State	\$																					
d. Local	\$																					
e. Other	\$																					
f. Program Income	\$																					
g. Total	\$	59,500.00																				

<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO		
---	--	--

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

<b>a. Type Name of Authorized Representative</b> <p style="text-align: center; font-size: 1.1em;">Alex Valdez</p>	<b>b. Title</b> <p style="text-align: center; font-size: 1.1em;">Executive Director</p>	<b>c. Telephone Number</b> <p style="text-align: center; font-size: 1.1em;">(559) 275-7133</p>
<b>d. Signature of Authorized Representative</b> 		<b>e. Date Signed</b> <p style="text-align: center; font-size: 1.1em;">3/2/06</p>

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**STANDARD FORM 424** (REV. 4-92)  
Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> 2/28/06 <b>3. DATE RECEIVED BY STATE</b>  <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>  	Applicant Identifier Kern Economic Development Corporation State Application Identifier Federal Identifier
--	--	--	--	---

<b>5. APPLICANT INFORMATION</b> Legal Name: Kern Economic Development Corporation Organizational DUNS: 622045896 <b>Address:</b> Street: 2700 M Street City: Bakersfield County: Kern State: CA Zip Code: 93301 Country: USA		<b>Organizational Unit:</b> Department: Division: <b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Ms. First Name: Cheryl Middle Name: Marie Last Name: Scott Suffix: Email: scottc@kedc.com Phone Number (give area code): 661-862-5150 Fax Number (give area code): 661-862-5151
---	--	---

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             77-0151886           </div>	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Non-profit Other (specify)
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<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	<b>9. NAME OF FEDERAL AGENCY:</b> USDA
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             10-769           </div> TITLE (Name of Program):	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Cherry Tomatoes on Steroids: Expanding Opportunities for Small Business Growth in Rural Communities
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<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Cities in Kern County, CA	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant District 22    b. Project Districts 20 and 22
---	--

<b>13. PROPOSED PROJECT</b> Start Date: 7/1/06 Ending Date: 6/30/07	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
---	--

<b>15. ESTIMATED FUNDING:</b> <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">107,000<sup>00</sup></td> <td rowspan="7" style="width:40%; text-align: center; vertical-align: middle;"> <div style="border: 2px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">MAR - 9 2006</p> <p style="font-size: 18px; margin: 0;">STATE CLEARING HOUSE</p> </div> </td> <td style="width:20%;"></td> <td style="width:10%; text-align: right;">0<sup>00</sup></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">40,000<sup>00</sup></td> <td></td> <td style="text-align: right;">0<sup>00</sup></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">0<sup>00</sup></td> <td></td> <td style="text-align: right;">0<sup>00</sup></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">0<sup>00</sup></td> <td></td> <td style="text-align: right;">0<sup>00</sup></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">0<sup>00</sup></td> <td></td> <td style="text-align: right;">0<sup>00</sup></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">0<sup>00</sup></td> <td></td> <td style="text-align: right;">0<sup>00</sup></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">147,000<sup>00</sup></td> <td></td> <td style="text-align: right;">0<sup>00</sup></td> </tr> </table>	a. Federal	\$	107,000 <sup>00</sup>	<div style="border: 2px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">MAR - 9 2006</p> <p style="font-size: 18px; margin: 0;">STATE CLEARING HOUSE</p> </div>		0 <sup>00</sup>	b. Applicant	\$	40,000 <sup>00</sup>		0 <sup>00</sup>	c. State	\$	0 <sup>00</sup>		0 <sup>00</sup>	d. Local	\$	0 <sup>00</sup>		0 <sup>00</sup>	e. Other	\$	0 <sup>00</sup>		0 <sup>00</sup>	f. Program Income	\$	0 <sup>00</sup>		0 <sup>00</sup>	g. TOTAL	\$	147,000 <sup>00</sup>		0 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No
a. Federal	\$	107,000 <sup>00</sup>	<div style="border: 2px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">MAR - 9 2006</p> <p style="font-size: 18px; margin: 0;">STATE CLEARING HOUSE</p> </div>			0 <sup>00</sup>																															
b. Applicant	\$	40,000 <sup>00</sup>				0 <sup>00</sup>																															
c. State	\$	0 <sup>00</sup>				0 <sup>00</sup>																															
d. Local	\$	0 <sup>00</sup>				0 <sup>00</sup>																															
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f. Program Income	\$	0 <sup>00</sup>				0 <sup>00</sup>																															
g. TOTAL	\$	147,000 <sup>00</sup>			0 <sup>00</sup>																																

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>	
<b>a. Authorized Representative</b> Prefix: Mr. First Name: Patrick Last Name: Collins Title: President/CEO Signature of Authorized Representative:	Middle Name: J. Suffix: c. Telephone Number (give area code): 661-862-5150 e. Date Signed: 2/28/06

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application      Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier
<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	

**5. APPLICANT INFORMATION**

Legal Name: <b>I-5 Social Services Corporation</b> Address (give city, county, state, and zip code): 4491 W. Shaw Ave. Suite 100 Fresno, Ca. 93722	Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code) <div style="text-align: center; font-weight: bold; font-size: 1.2em;">Alex Valdez/ Tony E. Silva (559) 275-7133</div>
---	---

<b>6. EMPLOYER IDENTIFICATION (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             7 7 - 0 4 8 6 3 3 2           </div>	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="text-align: right; border: 1px solid black; width: 30px; float: right; margin-top: -20px;">N</div> <div style="clear: both;"></div> <div style="font-size: 0.8em;">             A. State      H. Independent School Dist.              B. County      I. State Controlled Institution of Higher Learning              C. Municipal      J. Private University              D. Township      K. Indian Tribe              E. Interstate      L. Individual              F. Intermunicipal      M. Profit Organization              G. Special District      N. Other (Specify) <u>Non-Profit</u> </div>
--	--

<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/> <div style="font-size: 0.8em; margin-top: 5px;">             A. Increase Award      B. Decrease Award      c. Increase Duration              D. Decrease Duration      Other (specify):           </div>	<b>9. NAME OF FEDERAL AGENCY:</b> <div style="text-align: center; font-weight: bold; font-size: 1.1em;">USDA Rural Development</div>
--	---

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;">             1 0 - 7 6 6           </div> TITLE: <u>Community Facilities Grant</u>	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <div style="text-align: center; font-weight: bold; font-size: 1.1em; margin-top: 10px;">Furnish Child Development Center</div>
---	--

<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)</b> <div style="text-align: center; font-weight: bold; font-size: 1.1em; margin-top: 10px;">City of Kerman and Surrounding Area</div>		<b>13. PROPOSED PROJECT</b> <b>14. CONGRESSIONAL DISTRICTS OF:</b>	
--	--	--	--

Start Date	Ending Date	a. Applicant <div style="text-align: center; font-weight: bold; font-size: 1.1em;">19 Radanovich</div>	b. Project <div style="text-align: center; font-weight: bold; font-size: 1.1em;">19 Radanovich</div>
------------	-------------	---	---

<b>15. ESTIMATED FUNDING</b> <table style="width:100%;"> <tr> <td style="width:30%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:60%; text-align: right;">35,400.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">30,000.00</td> </tr> <tr> <td>c. State</td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td><b>g. Total</b></td> <td>\$</td> <td style="text-align: right; font-weight: bold;">65,400.00</td> </tr> </table>		a. Federal	\$	35,400.00	b. Applicant	\$	30,000.00	c. State			d. Local	\$		e. Other	\$		f. Program Income	\$		<b>g. Total</b>	\$	65,400.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <div style="margin-top: 10px;">DATE _____</div> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	35,400.00																					
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c. State																							
d. Local	\$																						
e. Other	\$																						
f. Program Income	\$																						
<b>g. Total</b>	\$	65,400.00																					

<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO	
---	--

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

a. Type Name of Authorized Representative <div style="text-align: center; font-weight: bold; font-size: 1.1em;">Alex Valdez</div>	b. Title <div style="text-align: center; font-weight: bold; font-size: 1.1em;">Executive Director</div>	c. Telephone Number <div style="text-align: center; font-weight: bold; font-size: 1.1em;">(559) 275-7133</div>
d. Signature of Authorized Representative 		e. Date Signed <div style="text-align: center; font-weight: bold; font-size: 1.1em;">3/2/06</div>

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**STANDARD FORM 424 (REV. 4-92)**  
Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name: <b>I-5 Social Services Corporation</b>	Organizational Unit:
Address (give city, county, state, and zip code): 4491 W. Shaw Ave. Suite 100 Fresno, Ca. 93722	Name and telephone number of person to be contacted on matters involving this application (give area code)  <b>Alex Valdez/Tony E. Silva (559) 275-7133</b>

## 6. EMPLOYER IDENTIFICATION (EIN):

7 7 - 0 4 8 6 3 3 2

## 8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in

A. Increase Award B. Decrease Award c. Increase Duration  
D. Decrease Duration Other (specify):

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

**N**

A. State H. Independent School Dist.  
B. County I. State Controlled Institution of Higher Learning  
C. Municipal J. Private University  
D. Township K. Indian Tribe  
E. Interstate L. Individual  
F. Intermunicipal M. Profit Organization  
G. Special District N. Other (Specify) Non-Profit

## 9. NAME OF FEDERAL AGENCY:

**USDA Rual Development**

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 - 7 6 6

TITLE: **Community Facilities Grant**

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

**Furnish Child Development Center**

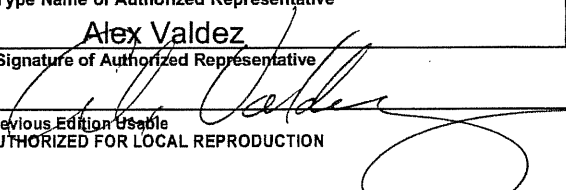
## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)

**City of Selma and the Surrounding Areas**

## 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:

Start Date	Ending Date	a. Applicant <b>19 Radanovich</b>	b. Project <b>20 Costa</b>
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 19,100.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$ 30,000.00	DATE _____	
c. State		b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
d. Local		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income		<input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO	
g. Total	\$ 49,100.00		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative <b>Alex Valdez</b>	b. Title <b>Executive Director</b>	c. Telephone Number <b>(559) 275-7133</b>
d. Signature of Authorized Representative 	e. Date Signed <b>3/2/06</b>	

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Prescribed by OMB Circular A-102



# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name: **I-5 Social Services Corporation**

Address (give city, county, state, and zip code):

4491 W. Shaw Ave. Suite 100  
Fresno, Ca. 93722

Organizational Unit:

Name and telephone number of person to be contacted on matters involving this application (give area code)

**Alex Valdez/Tony E. Silva (559) 275-7133**

## 6. EMPLOYER IDENTIFICATION (EIN):

**7 7 - 0 4 8 6 3 3 2**

## 8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in

A. Increase Award B. Decrease Award c. Increase Duration  
D. Decrease Duration Other (specify):

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

**N**

A. State H. Independent School Dist.  
B. County I. State Controlled Institution of Higher Learning  
C. Municipal J. Private University  
D. Township K. Indian Tribe  
E. Interstate L. Individual  
F. Intermunicipal M. Profit Organization  
G. Special District N. Other (Specify) Non-Profit

## 9. NAME OF FEDERAL AGENCY:

**USDA Rual Development**

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

**1 0 - 7 6 6**

TITLE: **Community Facilities Grant**

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)

**City of Mendota and the Surrounding Area**

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

**Furnish Child Development Center**

## 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:

Start Date Ending Date a. Applicant  
**19 Radanovich**

b. Project  
**20 Costa**

## 15. ESTIMATED FUNDING

a. Federal	\$	29,500.00
b. Applicant	\$	30,000.00
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. Total	\$	59,500.00

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

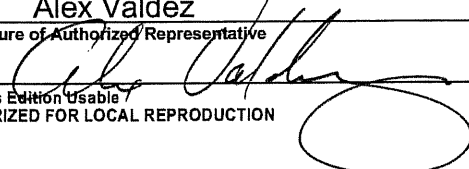
DATE

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES (Attach explanation) ☒ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative <b>Alex Valdez</b>	b. Title <b>Executive Director</b>	c. Telephone Number <b>(559) 275-7133</b>
d. Signature of Authorized Representative 	e. Date Signed <b>3/2/06</b>	

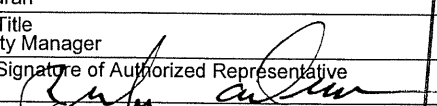
APPLICATION FOR  
FEDERAL ASSISTANCE

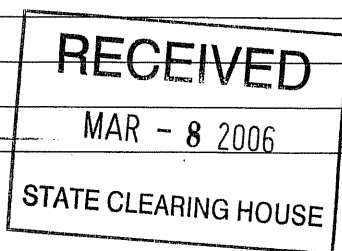
<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 3/8/06	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b> 3/8/06	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> 3/1/06	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: RURAL MEDIA ARTS & EDUCATION PROJECT		Organizational Unit:	
Address (give city, county, State, and zip code): 4994 6TH STREET P.O. Box 898 MARIPOSA, CA 95338		Name and telephone number of person to be contacted on matters invc this application (give area code) ANTHONY RADANOVICH 209-742-6666	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 31-1736950		<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter in box) N	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>NON PROFIT</u>	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10-766		<b>9. NAME OF FEDERAL AGENCY:</b> USDA RURAL DEVELOPMENT	
TITLE: <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> MARIPOSA, MARIPOSA COUNTY, MADERA COUNTY		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> TECHNOLOGY GRANT	
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b> 19TH	
Start Date MAY/06	Ending Date MAY/07	a. Applicant	b. Project
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 45,750	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE	
b. Applicant	\$ 0	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 0		
d. <del>Other</del> OTHER	\$ 55,000		
e. Other	\$ 21,880		
f. Program Income	\$ 0		
g. TOTAL	\$ 112,094	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Type Name of Authorized Representative ANTHONY RADANOVICH		b. Title EXEL. DIRECTOR	c. Telephone Number 209-742-6666
d. Signature of Authorized Representative		e. Date Signed	

COPY

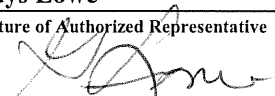
APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> March 1, 2006	<b>Applicant Identifier</b> Municipal - City of El Centro
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>	
<b>5. APPLICANT INFORMATION</b>		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> Federal Identifier	
<b>Legal Name:</b> City of El Centro		<b>Organizational Unit:</b> Department: Economic Development	
<b>Organizational DUNS:</b> 07-335-4680		<b>Division:</b> Business	
<b>Address:</b> Street: 1249 Main Street		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
<b>City:</b> El Centro		<b>Prefix:</b> Ms.	<b>First Name:</b> Piedra
<b>County:</b> Imperial		<b>Middle Name</b> -----	
<b>State:</b> CA		<b>Last Name</b> Piedra	
<b>Zip Code</b> 92243	<b>Suffix:</b> -----		
<b>Country:</b> United States		<b>Email:</b> mpiedra@cityofelcentro.org	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-6000704		<b>Phone Number (give area code)</b> (760) 337-4543	<b>Fax Number (give area code)</b> (760) 352-4867
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Municipal - City of El Centro Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Rural Business Enterprise Grants 10-769		<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development	
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): City of El Centro		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> El Centro Business Incubation Program. This program is designed to provide business management assistance, business training, and other business support services to small businesses operating at the El Centro Business/Industrial Incubator facility.	
<b>13. PROPOSED PROJECT</b> Start Date: January 1, 2007 Ending Date: December 31, 2007		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant District 51 - Bob Filner b. Project District 51 - Bob Filner	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 60,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: March 1, 2006	
b. Applicant	\$ 54,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 5,000.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
e. Other	\$ 60,000.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ .00		
g. TOTAL	\$ 179,000.00		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b>			
<b>Prefix</b> Mr.	<b>First Name</b> Ruben	<b>Middle Name</b> A.	
<b>Last Name</b> Duran		<b>Suffix</b> -----	
<b>b. Title</b> City Manager		<b>c. Telephone Number (give area code)</b> (760) 337-4543	
<b>d. Signature of Authorized Representative</b> 		<b>e. Date Signed</b> March 1, 2006	

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Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: <b>Programming and Policy Analysis</b>	
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Nela De Castro (213) 922-6166</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 44 0 19 75</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>	
8. TYPE OF APPLICATION:  X New <input type="checkbox"/> Continuation    Revision  If Revision, enter appropriate letter(s) in box(es):  A Increase Award    B Decrease Award    C Increase Duration D Decrease Duration    Other (specify)		A State                      H Independent School Dist. B County                    I State Controlled Institution of Higher Learning C Municipal                J Private University D Township                K Indian Tribe E Interstate                L Individual F Intermunicipal        M Profit Organization G Special District    N Other (Specify) _____	
		<b>State Chartered Transit District</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>20 - 507</b> <b>TITLE 49 U.S.C. § 5307</b>		9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  City and County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>CA-90-Y426 – FY2006 Capital and Operating Assistance</b>	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date  <b>10/01/04</b>	Ending Date  <b>06/30/09</b>	a. Applicant  25 through 39, 42, 46	b. Project  <b>Same as Applicant</b>

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a Federal	\$ 131,892,725.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE <u>03/06/06</u>  b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372  <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b Applicant	\$ .00		
c State	\$ .00		
d Local	\$ 32,973,181.00		
e Other	\$ .00		
f Program Income	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 164,865,906		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a Typed Name of Authorized Representative  <b>Gladys Lowe</b>		b Title Director Regional Program Management	c Telephone number  <b>(213) 922-2459</b>
d. Signature of Authorized Representative 		e. Date Signed  <b>3-6-06</b>	

Previous Editions Not Usable

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b>	
Legal Name: Madera County Resource Management Agency	<b>Organizational Unit:</b> Department: Madera County Resource Management Agency
Organizational DUNS: 78807285	Division: Department of Engineering and General Services
<b>Address:</b> Street: 2037 W. Cleveland Ave.	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Floyd
City: Madera	Middle Name
County: Madera	Last Name Davis
State: CA	Suffix:
Zip Code 93637	
Country: USA	Email: fdavis@madera-county.com

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000518	Phone Number (give area code) 559-661-6333	Fax Number (give area code) 559-675-7639
---	---	---

<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B Other (specify)
---	---

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): 10-766	<b>9. NAME OF FEDERAL AGENCY:</b> USDA-Rural Utility Service
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<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Water system acquisition and upgrades	<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Eastern Madera County
---	---

<b>13. PROPOSED PROJECT</b> Start Date: 6-1-2006 Ending Date: 6-1-2009	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant Radanovich b. Project Radanovich
--	--

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 10,000,000	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$	DATE:
c. State \$	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
f. Program Income \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

<b>a. Authorized Representative</b>	
Prefix Mr.	First Name Floyd
Middle Name	
Last Name Davis	
Suffix	
<b>b. Title</b> Resource Management Agency Director/Interim County Engineer	
<b>c. Telephone Number (give area code)</b> 559-661-6333	
<b>d. Signature of Authorized Representative</b>	
<b>e. Date Signed</b> 2/8/06	

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> March 1, 2006	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	

<b>5. APPLICANT INFORMATION</b>	
Legal Name:	<b>Organizational Unit:</b>
City of Oroville	Department: Department of Business Assistance and Housing Development
Organizational DUNS:	Division:
<b>Address:</b>	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>
Street:	Prefix:
1735 Montgomery Street	First Name: Pat
City: Oroville	Middle Name
County: Butte	Last Name Griffin
State: California	Suffix:
Zip Code 95965	Email: clarkpi@cityoforoville.org
Country: USA	Phone Number (give area code) (530) 538-2495
Fax Number (give area code) (530) 538-2439	

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b>	
94-6000387	
<b>8. TYPE OF APPLICATION:</b>	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	
Other (specify)	
<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)	
C	
Other (specify)	
<b>9. NAME OF FEDERAL AGENCY:</b>	
U.S.D.A Rural Development Administration	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>	
10-769	
TITLE (Name of Program):	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b>	
City of Oroville	
<b>13. PROPOSED PROJECT</b>	
Start Date:	Ending Date:
<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
a. Applicant 2	b. Project 2
<b>15. ESTIMATED FUNDING:</b>	
a. Federal	\$ 30,000.00
b. Applicant	\$ .00
c. State	\$ .00
d. Local	\$ 35,000.00
e. Other	\$ .00
f. Program Income	\$ .00
g. TOTAL	\$ 65,000.00
<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>	
<b>a. Authorized Representative</b>	
Prefix	First Name Sharon
Middle Name L.	
Last Name Atteberry	
Suffix	
<b>b. Title</b> City Administrator	
<b>c. Telephone Number (give area code)</b> (530) 538-2405	
<b>d. Signature of Authorized Representative</b> <i>Sharon L. Atteberry</i>	
<b>e. Date Signed</b> February 28, 2006	

APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b> [ ]	<b>Applicant Identifier</b> [ ]
<b>3. DATE RECEIVED BY STATE</b> [ ]		<b>State Application Identifier</b> [ ]	
<b>4. Federal Identifier</b> [ ]			
<b>5. APPLICANT INFORMATION</b> * Organizational DUNS: 0467058490000 * Legal Name: Regents of the University of California, Irvine Department: Sponsored Projects Division: Office of Research Admin. * Street1: 300 University Tower Street2: [ ] * City: Irvine County: Orange State: CA * ZIP Code: 92697-7600 * Country: USA			
<b>Person to be contacted on matters involving this application</b> Prefix: * First Name: Middle Name: * Last Name: Suffix: [ ] Darlene [ ] K. [ ] STATE CLEARING HOUSE [ ] Sullivan * Phone Number: 949-824-0341 Fax Number: 949-824-2094 Email: dksullivan@uci.edu			
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 95-2226406		<b>7. * TYPE OF APPLICANT:</b> F: State-Controlled Institution of Higher Education Other (Specify): <input type="checkbox"/> Women Owned <input type="checkbox"/> Small Business Organization Type <input type="checkbox"/> Socially and Economically Disadvantaged	
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify) * Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 TITLE: Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Framework for FICS			
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> International			
<b>13. PROPOSED PROJECT:</b> * Start Date * Ending Date 07/01/2006 06/30/2011		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant b. * Project 48 US-all	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b> Prefix: * First Name: Middle Name: * Last Name: Suffix: Dr. Zhihong [ ] Lin [ ] PhD Position/Title: Professor and PI * Organization Name: Regents of the University of California, Irvine Department: Physics & Astronomy Division: Physical Sciences * Street1: 4129 Frederick Reines Hall Street2: [ ] * City: Irvine County: Orange State: CA * ZIP Code: 92697-4575 * Country: USA * Phone Number: 949-824-2717 Fax Number: 949-824-2174 * Email: zhilongl@uci.edu			

## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

## 16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding 265,536.00

b. \* Total Federal & Non-Federal Funds 265,536.00

c. \* Estimated Program Income 0.00

## 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 03/06/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 19. Authorized Representative

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:

Darlene K. Sullivan

\* Position/Title: Grants Officer \* Organization: Regents of the University of California, Irvine

Department: Sponsored Projects Admin. Division: Research Administration

\* Street1: 300 University Tower Street2:

\* City: Irvine County: Orange \* State: CA \* ZIP Code: 92697-7600

\* Country: USA

\* Phone Number: 949-824-0341 Fax Number: 949-824-2094 \* Email: dksulliv@uci.edu

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

## 20. Pre-application

Add Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008



**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)**

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

## 1. \* TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

4. Federal Identifier

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 0467058490000

\* Legal Name: The Regents of the University of California

Department: Sponsored Projects

Division: Office of Research admin

\* Street1: 300 University Tower

Street2:

\* City: Irvine

County:

\* State: CA

\* ZIP Code: 92697-7600

\* Country: USA

RECEIVED

MAR 7 2006

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Darlene

K

STATE CLEARING HOUSE Sullivan

\* Phone Number: 949-824-0341

Fax Number: 949-824-2094

Email: dksullivan@uci.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

95-2226406

## 7. \* TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

8. \* TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)\* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

## 9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Modeling Tools for Adsorption and Reactivity at Fluid Interfaces

## 12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Irvine, CA

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

10/01/2006

09/30/2011

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

48

48

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Douglas

J

Tobias

Position/Title: Professor

\* Organization Name: University of California, Irvine

Department: Chemistry

Division:

\* Street1: 1131 Natural Science II

Street2:

\* City: Irvine

County:

\* State: CA

\* ZIP Code: 92697-0255

\* Country: USA

\* Phone Number: 949-824-4295

Fax Number: 949-824-8920

\* Email: dtobias@uci.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

## 16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding 685,753.00

b. \* Total Federal & Non-Federal Funds 685,753.00

c. \* Estimated Program Income 0.00

## 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 03/06/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 19. Authorized Representative

Prefix: \* First Name: Darlene Middle Name: K \* Last Name: Sullivan Suffix:

\* Position/Title: Grant Officer \* Organization: The Regents of the University of California

Department: Sponsored Projects Division: Office of Research admin

\* Street1: 300 University Tower Street2:

\* City: Irvine County: \* State: CA \* ZIP Code: 92697-7800

\* Country: USA

\* Phone Number: 949-824-0341 Fax Number: 949-824-2094 \* Email: dksullivan@uci.edu

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

## 20. Pre-application

Add Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

## APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&amp;R)

2. DATE SUBMITTED

Appl. Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

## 1. \* TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

4. Federal Identifier

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 0467058490000

\* Legal Name: Regents of the University of California, Irvine

Department: Sponsored Projects

Division: Office of Research Admin.

\* Street1: 300 University Tower

Street2:

\* City: Irvine

County: Orange

\* State: CA

\* ZIP Code: 92697-7600

\* Country: USA

RECEIVED

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

Last Name:

Suffix:

Darlene

K.

Sullivan

\* Phone Number: 949-824-0341

Fax Number: 949-824-2094

Email: dksullivan@uci.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

95-2226406

## 7. \* TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

Other (Specify):

8. \* TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)

## 9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Petascale Computing of Thermonuclear Supernova Explosions

## 12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

International

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

09/01/2006

08/31/2011

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

48

US-all

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Dr. Asantha

Cooray

PhD

Position/Title: Professor and PI

\* Organization Name: Regents of the University of California, Irvine

Department: Physics and Astronomy

Division: Physical Sciences

\* Street1: 4129 Frederick Reines Hall

Street2:

\* City: Irvine

County: Orange

\* State: CA

\* ZIP Code: 92697-7600

\* Country: USA

\* Phone Number: 949-824-6832

Fax Number: 949-824-2174

\* Email: acooray@uci.edu

Post-It® Fax Note

7671

Date 3/6/06

# of pages 6

To Grants Coordination

From Darlene Sullivan

Co./Dept.

Co.

Phone #

Phone # 949-824-0341

Fax # 949-323-3018

Fax #

OMB Number: 4040-0001

Expiration Date: 04/30/2006

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding

b. \* Total Federal & Non-Federal Funds

c. \* Estimated Program Income

**17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**

Prefix:  \* First Name:  Middle Name:  \* Last Name:  Suffix:

\* Position/Title:  \* Organization:

Department:  Division:

\* Street1:  Street2:

\* City:  County:  \* State:  \* ZIP Code:

\* Country:

\* Phone Number:  Fax Number:  \* Email:

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

**20. Pre-application**

OMB Number: 4040-0001

Expiration Date: 04/30/2008

## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;R)

## 2. DATE SUBMITTED

03/06/2006

## Applicant Identifier

## 3. DATE RECEIVED BY STATE

## State Application Identifier

## 1. \* TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

## 4. Federal Identifier

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 0471200840000

\* Legal Name: The Regents of the University of California

Department: Office of Research

Division: Sponsored Programs

\* Street1: One Shields Avenue

Street2: 118 Everson Hall

\* City: Davis

County: Yolo

\* State: CA

\* ZIP Code: 95616-5270

\* Country: USA

RECEIVED

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

MAR - 7 2006

\* Last Name:

Suffix:

Ms. Leanna

Sweha

\* Phone Number: 530-754-4340

Fax Number: 530-752-5432

Email: lmsweha@ucdavis.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

946036494

## 7. \* TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

8. \* TYPE OF APPLICATION: ☒ New

Other (Specify):

☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

## Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify):

## 9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

\* Is this application being submitted to other agencies? Yes ☐ No ☒

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Institute for Quantum Simulations of Materials and Nanostructures

## 12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

California, Illinois, Massachusetts

## 13. PROPOSED PROJECT:

## 14. CONGRESSIONAL DISTRICTS OF:

\* Start Date

\* Ending Date

07/01/2006

06/30/2011

a. \* Applicant

b. \* Project

CA-001

CA-001

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Dr. Giulia

Galli

PhD

Position/Title: Professor

\* Organization Name: The Regents of the University of California

Department: Chemistry

Division: L&amp;S, Math &amp; Physical Sciences

\* Street1: One Shields Avenue

Street2: University of California

\* City: Davis

County: Yolo

\* State: CA

\* ZIP Code: 95616-5270

\* Country: USA

\* Phone Number: 530-754-9554

Fax Number: 530-752-8995

\* Email: gagalli@ucdavis.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2006

## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

## 16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding 8,545,883.00

b. \* Total Federal & Non-Federal Funds 0.00

c. \* Estimated Program Income 0.00

## 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 03/06/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 19. Authorized Representative

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:

Ms. Leanna Sweha

\* Position/Title: Contracts & Grants Officer \* Organization: The Regents of the University of California

Department: Office of Research Division: Sponsored Programs

\* Street1: One Shields Avenue Street2: 118 Everson Hall

\* City: Davis County: Yolo \* State: CA \* ZIP Code: 95616-5270

\* Country: USA

\* Phone Number: 530-754-4340 Fax Number: 530-752-5432 \* Email: lmsweha@ucdavis.edu

\* Signature of Authorized Representative  
Completed on submission to Grants.gov

\* Date Signed  
Completed on submission to Grants.gov

## 20. Pre-application

Add Attachment

Delete Attachment

View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2006

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 03/01/06		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Economic Development & Financial Corp			Organizational Unit: Department:		
Organizational DUNS: 94 3372839			Division:		
Address: Street: 631 S Orchard Avenue			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Madelin		
City: Ukiah			Middle Name		
County: Mendocino			Last Name Holtkamp		
State: CA Zip Code 95482			Suffix:		
Country: United States of America			Email: madelin@edfc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0346089			Phone Number (give area code) (707) 467-5953		Fax Number (give area code) (707) 467-5901
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) Economic Development & Financial Corp			7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) N		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769 TITLE (Name of Program): Economic Adjustment			9. NAME OF FEDERAL AGENCY: USDA-Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Mendocino County, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Renewable Energy Fund		
13. PROPOSED PROJECT Start Date: 07/01/06 Ending Date: 06/30/07			14. CONGRESSIONAL DISTRICTS OF: Mike Thompson a. Applicant California 1st Dist. b. Project Same		
15. ESTIMATED FUNDING: a. Federal \$ 100,000 b. Applicant \$ 25,000 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 125,000.00			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix First Name Madelin Middle Name Last Name Holtkamp Suffix b. Title Executive Director c. Telephone Number (give area code) (707) 467-5953 d. Signature of Authorized Representative e. Date Signed					

APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)

Post-it® Fax Note

7671

Date	3/6/06	# of pages	2
To	Sheela	Fr	TAM TRAN
Co./Dept.		Co.	UC Irvine
Phone #	916/445-0613	Phone #	949/824-7813
Fax #	916/323-3018	Fax #	

1. \* TYPE OF SUBMISSION

☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

2. DA

3. DA

4. Fei

\* Organizational DUNS: 0467058490000

\* Legal Name: The Regents of the University of California

Department: Research Administration

Division:

\* Street1: 300 University Tower

Street2:

\* City: Irvine

County: USA

\* State: CA

\* ZIP Code: 92697-7600

\* Country: USA

MAR - 6 2006

RECEIVED  
STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

Last Name:

Suffix:

Ms. Tam

K.

Tran

\* Phone Number: 949-824-7913

Fax Number: 949-824-2094

Email: tamkt@uci.edu

6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

95-2226406

7. \* TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

8. \* TYPE OF APPLICATION: ☒ New

☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☐ Women Owned

☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration

☐ D. Decrease Duration ☐ E. Other (specify)

9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Advanced Development of Meshless Methods in Engineering Science

12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Irvine, CA; Los Alamos, NM

13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

07/01/2008

06/30/2011

14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

48

48

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Dr. Satya

N.

Atturi

Position/Title: Professor

\* Organization Name: The Regents of the University of California

Department: Mechanical and Aerospace Engr

Division:

\* Street1: 4200 Engineering Gateway

Street2:

\* City: Irvine

County: Orange

\* State: CA

\* ZIP Code: 92627-3975

\* Country: USA

\* Phone Number: 949-824-9946

Fax Number: 949-824-8585

\* Email: satluri@uci.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008



## 16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding 2,850,000.00  
b. \* Total Federal & Non-Federal Funds 2,850,000.00  
c. \* Estimated Program Income 0.00

## 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 03/06/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR  
☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 19. Authorized Representative

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:  
Ms. Tam K. Tran  
\* Position/Title: Grants Officer \* Organization: The Regents of the University of California  
Department: Research Administration Division:  
\* Street1: 300 University Tower Street2:  
\* City: Irvine County: USA \* State: CA \* ZIP Code: 92697-7600  
\* Country: USA  
\* Phone Number: 949-824-7813 Fax Number: 949-824-2094 \* Email: tamkt@ucl.edu

\* Signature of Authorized Representative  
Completed on submission to Grants.gov

\* Date Signed  
Completed on submission to Grants.gov

## 20. Pre-application

Add Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

# APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

## 2. DATE SUBMITTED

03/08/2006

## Appl Identifier

## State Application Identifier

## 1. \* TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

## 4. Federal Identifier

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 8043557800000

\* Legal Name: The Regents of the University of California; University of California San Diego

Department: Office of Contracts &amp; Grants

Division:

\* Street1: University of California San Diego

Street2: 9500 Gilman Drive - 0934

\* City: La Jolla

County:

\* State: CA

\* ZIP Code: 92093-0934

\* Country: USA

Person to be contacted on matters involving this application

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

Judith

L

Wheaton

\* Phone Number: (858) 534-8832

Fax Number: (858) 534-0280

Email: jwheaton@ucd.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

95-8006-144

## 7. \* TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

8. \* TYPE OF APPLICATION: ☒ New
☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☒ Woman Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☒ A. Increase Award ☒ B. Decrease Award ☐ C. Increase Duration☒ D. Decrease Duration ☐ E. Other (specify)

## 9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81,049

\* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

TITLE: Office of Science Financial Assistance Program

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Delivering Petabyte-Scale Storage Elements to Support the LHC Physics Program

## 12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

San Diego

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

07/01/2006

06/30/2009

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

53

53

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

Frank

Wuerthwein

Position/Title: Associate Professor

\* Organization Name:

The Regents of the University of California; University of California San

Department: Office of Contracts &amp; Grants

Division:

\* Street1: University of California San Diego

Street2:

9500 Gilman Drive - 0934

\* City: La Jolla

County: San Diego

\* State: CA

\* ZIP Code: 92093-0934

\* Country: USA

\* Phone Number: (858) 822-3219

Fax Number:

\* Email: fkw@ucsd.edu

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MAR - 6 2006

STATE CLEARING HOUSE

OMB Number: 4040-0001

Expiration Date: 04/30/2008

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding 496,341.00

b. \* Total Federal & Non-Federal Funds 496,341.00

c. \* Estimated Program Income 0.00

**17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 03/06/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:

Judith L Wheaton

\* Position/Title: Contract & Grant Officer \* Organization: The Regents of the University of California; University of California San Diego

Department: Ofc of Contracts & Grant Adm Division: The Regents of the Univ. of Cal

\* Street1: University of California San Diego Street2: 9500 Gilman Drive - 0934

\* City: La Jolla County: San Diego \* State: CA \* ZIP Code: 92093-0934

\* Country: USA

\* Phone Number: (858) 534-8832 Fax Number: (858) 534-0280 \* Email: jwheaton@ucsd.edu

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

**20. Pre-application**

Download Attachment

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OMB Number: 4040-0001

Expiration Date: 04/30/2008

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)**

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>2. DATE SUBMITTED</b> 03/06/2006	<b>Appl. Identifier</b> 
	<b>3. DATE RECEIVED BY STATE</b> 	<b>State Application Identifier</b> 
	<b>4. Federal Identifier</b> 	
	<b>5. APPLICANT INFORMATION</b> <div style="text-align: right;">* Organizational DUNS: 8043557900000</div> <div>* Legal Name: The Regents of the University of California; University of California, San Diego Department: Office of Contract and Grant Division:  * Street1: 9500 Gilman Drive, 0934 Street2:  * City: La Jolla County: San Diego * State: CA * ZIP Code: 92093-0934 * Country: USA</div>	

<b>Person to be contacted on matters involving this application</b>			
Prefix:	* First Name:	Middle Name:	* Last Name:
Ms.	Judith		Wheaton
* Phone Number: 858-534-8832		Fax Number: 858-534-0280	Email: jwheaton@ucsd.edu

<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 95-6006-144	<b>7. * TYPE OF APPLICANT:</b> F: State-Controlled Institution of Higher Education  Other (Specify): <input checked="" type="checkbox"/> Small Business Organization Type <input checked="" type="checkbox"/> Women Owned <input checked="" type="checkbox"/> Socially and Economically Disadvantaged
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, mark appropriate box(es). <input checked="" type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)  * Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?	
<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049  TITLE: Office of Science Financial Assistance Program	

<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Modeling and Optimization of Turbulent Flow Systems	
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> San Diego, CA	
<b>13. PROPOSED PROJECT:</b> * Start Date: 07/01/2006 * Ending Date: 06/30/2011	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant: 53 b. * Project: 53 STATE CLEARING HOUSE
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b> Prefix: * First Name: Middle Name: * Last Name: Suffix: Dr. Thomas PhD Position/Title: Associate Professor/PI * Organization Name: The Regents of the University of California; University of California, San Department: Mechanical & Aerospace Eng Division: * Street1: 9500 Gilman Drive, 0411 Street2: * City: La Jolla County: San Diego * State: CA * ZIP Code: 92093-0411 * Country: USA * Phone Number: 858-534-4287 Fax Number: 858-534-7078 * Email: tbewley@ucsd.edu	

OMB Number: 4040-0001

Expiration Date: 04/30/2008

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding 4,300,769.00

b. \* Total Federal & Non-Federal Funds 4,300,769.00

c. \* Estimated Program Income 0.00

**17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 03/08/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:

Ms. Judith Wheaton

\* Position/Title: Contract and Grant Officer \* Organization: The Regents of the University of California; University of California, San Diego

Department: Office of Contract and Grant Division:

\* Street1: 9500 Gilman Drive, 0934 Street2:

\* City: La Jolla County: San Diego \* State: CA \* ZIP Code: 92093-0934

\* Country: USA

\* Phone Number: 858-534-8832 Fax Number: 858-534-0280 \* Email: jwheaton@ucsd.edu

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

**20. Pre-application**

Delete Attachment

View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)

## 1. \* TYPE OF SUBMISSION

☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

## 2. DATE SUBMITTED

Applicant Identifier

## 3. DATE RECEIVED BY STATE

State Application Identifier

## 4. Federal Identifier

DE-FC02-D1ER41182

\* Organizational DUNS: 0948783940000

## 5. APPLICANT INFORMATION

\* Legal Name: The Regents of the University of California

Department: Office of Research

Division: Sponsored Projects

\* Street1: University of California

Street2:

\* City: Santa Barbara

County:

\* State: CA

\* ZIP Code: 93108-2050

\* Country: USA

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Ms. Cara

Egan-Williams

\* Phone Number: 805-893-8809

Fax Number: 805-893-2811

Email: eganwilliams@research.ucsb.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

95-8006145W

## 7. \* TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type

☒ Women Owned☒ Socially and Economically Disadvantaged8. \* TYPE OF APPLICATION: ☐ New☐ Resubmission ☒ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

☒ A. Increase Award ☒ B. Decrease Award ☒ C. Increase Duration☒ D. Decrease Duration ☒ E. Other (specify)

## 9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

National Computational Infrastructure for Lattice Gauge Theory

## 12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Federal Government

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

07/01/2006

05/30/2011

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

23rd

23rd

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Robert

Louis

Sugar

Position/Title: Research Professor

\* Organization Name: The Regents of the University of California

Department: Physics

Division:

Letters &amp; Science/MLPS

\* Street1: University of California

Street2:

\* City: Santa Barbara

County:

\* State: CA

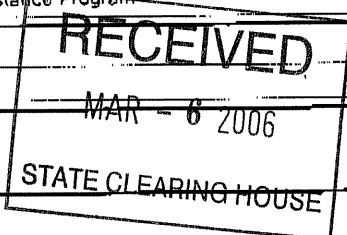
\* ZIP Code: 93106-9530

\* Country: USA

\* Phone Number: 805-893-3469

Fax Number: 805-893-2902

\* Email: sugar@physics.ucsb.edu



Page 2

## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

## 16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding 150,000.00  
b. \* Total Federal & Non-Federal Funds 150,000.00  
c. \* Estimated Program Income 0.00

## 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 03/06/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372: OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 19. Authorized Representative

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:  
Ms. Cara Egan-Williams  
\* Position/Title: Sponsored Projects Officer \* Organization: The Regents of the University of California  
Department: Office of Research Division: Sponsored Projects  
\* Street1: University of California Street2:  
\* City: Santa Barbara County: \* State: CA \* ZIP Code: 93106-2050  
\* Country: USA  
\* Phone Number: 805-893-8809 Fax Number: 805-893-2811 \* Email: eganwilliams@research.ucsb.edu

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

3/6/06

## 20. Pre-application

Add Attachment Delete Attachment View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2006

APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)

<b>1. TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b> 	<b>3. DATE RECEIVED BY STATE</b> 	<b>4. Federal Identifier</b> 	<b>5. APPLICANT INFORMATION</b> <b>* Organizational DUNS:</b> 094878394 <b>* Legal Name:</b> The Regents of the University of California <b>Department:</b> Chemical Engineering <b>Division:</b> College of Engineering <b>* Street1:</b> Engineering II <b>Street2:</b> <b>* City:</b> Santa Barbara <b>County:</b> Santa Barbara <b>* State:</b> CA <b>* ZIP Code:</b> 93106-5080 <b>* Country:</b> USA
<b>Person to be contacted on matters involving this application</b> <b>Prefix:</b> <b>* First Name:</b> Gary <b>Middle Name:</b> <b>* Last Name:</b> Leal <b>Suffix:</b> <b>Dr.</b> <b>* Phone Number:</b> 805-893-8510 <b>Fax Number:</b> 805-893-5458 <b>Email:</b> lgl20@engineering.ucsb.edu					
<b>6. EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 956006145		<b>7. TYPE OF APPLICANT:</b> F: State-Controlled Institution of Higher Education Other (Specify): <b>Small Business Organization Type</b> <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged			
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify) <b>* Is this application being submitted to other agencies?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		<b>9. NAME OF FEDERAL AGENCY:</b> Chicago Service Center <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 <b>TITLE:</b> Office of Science Financial Assistance Program			
<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> First-Principal Physics of Foams and Emulsions through Advanced Computing					
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> Santa Barbara, California					
<b>13. PROPOSED PROJECT:</b> <b>* Start Date</b> 07/01/2006 <b>* Ending Date</b> 06/30/2011		<b>14. CONGRESSIONAL DISTRICTS OF:</b> <b>a. * Applicant</b> 23 <b>b. * Project</b> 23			
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b> <b>Prefix:</b> <b>* First Name:</b> Gary <b>Middle Name:</b> <b>* Last Name:</b> Leal <b>Suffix:</b> <b>Dr.</b> <b>Position/Title:</b> Professor <b>* Organization Name:</b> The Regents of the University of California <b>Department:</b> Chemical Engineering <b>Division:</b> College of Engineering <b>* Street1:</b> Engineering II <b>Street2:</b> <b>* City:</b> Santa Barbara <b>County:</b> Santa Barbara <b>* State:</b> CA <b>* ZIP Code:</b> 93106-5080 <b>* Country:</b> USA <b>* Phone Number:</b> 805-893-8510 <b>Fax Number:</b> 805-893-5458 <b>Email:</b> lgl20@engineering.ucsb.edu					

RECEIVED

MAR - 6 2006

STATE CLEARING HOUSE



## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

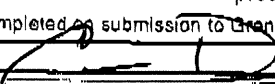
Page 2

<b>16. ESTIMATED PROJECT FUNDING</b>  a. * Total Estimated Project Funding <input type="text" value="452,978.00"/> b. * Total Federal & Non-Federal Funds <input type="text" value="452,978.00"/> c. * Estimated Program Income <input type="text" value="0.00"/>		<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text" value="03/06/2006"/>  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
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18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

<b>19. Authorized Representative</b>				
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Cora		Diaz	
* Position/Title:	Sponsored Projects Officer		* Organization: The Regents of the University of California	
Department:	Office of Research		Division:	
* Street1:	3227 Cheadle		Street2:	
* City:	Santa Barbara	County:	Santa Barbara	* State: CA * ZIP Code: 93106-2050
* Country:	USA			
* Phone Number:	805-893-4035	Fax Number:	805-893-2611	* Email: diaz@research.ucsb.edu
* Signature of Authorized Representative			* Date Signed	
			3/6/06	
Completed on submission to Grants.gov			Completed on submission to Grants.gov	
<b>20. Pre-application</b>				
			Add Attachment	

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)

<b>2. DATE SUBMITTED</b> 03/06/2006		<b>Applicant Identifier</b> N/A	
<b>3. DATE RECEIVED BY STATE</b> 03/06/2006		<b>State Application Identifier</b>	
<b>1. * TYPE OF SUBMISSION</b> Pre-application <input checked="" type="checkbox"/> Application Changed/Corrected Application		<b>4. Federal Identifier</b>	
<b>5. APPLICANT INFORMATION</b> <b>* Organizational DUNS:</b> 1247267250000 <b>* Legal Name:</b> University of California, Berkeley <b>Department:</b> Sponsored Projects Office <b>Division:</b> <b>* Street1:</b> 336 Sprout Hall <b>Street2:</b> <b>* City:</b> Berkeley <b>County:</b> Alameda <b>* State:</b> CA <b>* ZIP Code:</b> 94720-5940 <b>* Country:</b> USA <b>Person to be contacted on matters involving this application</b> <b>Prefix:</b> <b>* First Name:</b> Susan <b>Middle Name:</b> <b>* Last Name:</b> Hedley <b>Suffix:</b> <b>* Phone Number:</b> 510-642-8119 <b>Fax Number:</b> 510-642-8236 <b>Email:</b> shedley@berkeley.edu			
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 94-6002123		<b>7. * TYPE OF APPLICANT:</b> F: State-Controlled Institution of Higher Education Other (Specify): <input type="checkbox"/> Women Owned <input type="checkbox"/> Small Business Organization Type <input type="checkbox"/> Socially and Economically Disadvantaged	
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify) <b>* Is this application being submitted to other agencies?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		<b>9. * NAME OF FEDERAL AGENCY:</b> Office of Science <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 <b>TITLE:</b> Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Programming Models for Scalable Parallel Computing			
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> Berkeley, Alameda, California			
<b>13. PROPOSED PROJECT:</b> <b>* Start Date</b> 07/01/2006 <b>* Ending Date</b> 08/30/2011		<b>14. CONGRESSIONAL DISTRICTS OF:</b> <b>a. * Applicant</b> 9th <b>b. * Project</b> US - All	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b> <b>Prefix:</b> <b>* First Name:</b> Katherine <b>Middle Name:</b> A. <b>* Last Name:</b> Yelick <b>Suffix:</b> <b>Position/Title:</b> Professor and Principal Investigator <b>* Organization Name:</b> University of California, Berkeley <b>Department:</b> Sponsored Projects Office <b>Division:</b> <b>* Street1:</b> 336 Sprout Hall <b>Street2:</b> <b>* City:</b> Berkeley <b>County:</b> Alameda <b>* State:</b> CA <b>* ZIP Code:</b> 94720-5940 <b>* Country:</b> USA <b>* Phone Number:</b> 510-642-8900 <b>Fax Number:</b> 510-642-3962 <b>* Email:</b> yelick@cs.berkeley.edu			

## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

<b>16. ESTIMATED PROJECT FUNDING</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border: 1px solid black;">a. * Total Estimated Project Funding</td> <td style="border: 1px solid black; text-align: right;">2,116,480.00</td> </tr> <tr> <td style="border: 1px solid black;">b. * Total Federal &amp; Non-Federal Funds</td> <td style="border: 1px solid black; text-align: right;">0.00</td> </tr> <tr> <td style="border: 1px solid black;">c. * Estimated Program Income</td> <td style="border: 1px solid black; text-align: right;">0.00</td> </tr> </table>	a. * Total Estimated Project Funding	2,116,480.00	b. * Total Federal & Non-Federal Funds	0.00	c. * Estimated Program Income	0.00	<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 03/06/2006 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. * Total Estimated Project Funding	2,116,480.00						
b. * Total Federal & Non-Federal Funds	0.00						
c. * Estimated Program Income	0.00						

**18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

<b>19. Authorized Representative</b>					
Prefix:	* First Name: Katherine	Middle Name:	* Last Name: Yelick	Suffix:	
* Position/Title: Professor	* Organization: University of California, Berkeley				
Department: EECS	Division: Computer Science				
* Street1: 777 Soda Hall	Street2:				
* City: Berkeley	County: Alameda	* State: CA	* ZIP Code: 94720-1776		
* Country: USA					
* Phone Number: 510-642-8900	Fax Number: 510-642-3962	* Email: yelick@eecs.berkeley.edu			
* Signature of Authorized Representative Completed on submission to Grants.gov			* Date Signed 3-6-06 Completed on submission to Grants.gov		

<b>20. Pre-application</b> PModels_Proposal.pdf	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
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OMB Number: 4040-0001

Expiration Date: 04/30/2008

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)**

<b>1. TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b> <div></div>	<b>Applicant Identifier</b> <div></div>
		<b>3. DATE RECEIVED BY STATE</b> <div></div>	<b>State Application Identifier</b> <div></div>
		<b>4. Federal Identifier</b> <div></div>	
<b>5. APPLICANT INFORMATION</b> <span style="float:right">* Organizational DUNS: 094878394</span>			
* Legal Name: The Regents of the University of California			
Department: Office of Research		Division: Sponsored Projects	
* Street1: University of California		Street2: <div></div>	
* City: Santa Barbara	County: <div></div>	* State: CA	* ZIP Code: 93106
* Country: USA			
Person to be contacted on matters involving this application			
Prefix: * First Name: Cara		Middle Name: <div></div>	* Last Name: Egan-Williams Suffix: <div></div>
* Phone Number: 805 893-8809		Fax Number: 805 893-2611	Email: eganwilliams@research.ucsb.edu
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 95-6006145W		<b>7. * TYPE OF APPLICANT:</b> F: State-Controlled Institution of Higher Education Other (Specify): Small Business Organization Type <input checked="" type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es). <input checked="" type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify) * Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center	
		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 TITLE: Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Scalable Monte Carlo Particle Transport for Astrophysical Application		<div style="border: 2px solid black; padding: 10px; text-align: center;">RECEIVED MAR - 6 2006 STATE CLEARING HOUSE</div>	
<b>12. * AREAS AFFECTED BY PROJECT</b> (cities, counties, states, etc.) Federal Government			
<b>13. PROPOSED PROJECT:</b> * Start Date: 10/01/2006 * Ending Date: 09/30/2009		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant: 23rd b. * Project: 23rd	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>			
Prefix: * First Name: Dr. Omer		Middle Name: <div></div>	* Last Name: Blaes Suffix: PhD
Position/Title: Research Professor		* Organization Name: The Regents of the University of California	
Department: Physics		Division: Letters & Science/MLPS	
* Street1: University of California		Street2: <div></div>	
* City: Santa Barbara	County: <div></div>	* State: CA	* ZIP Code: 93106
* Country: USA			
* Phone Number: 805 893-7239		Fax Number: 805 893-3307	* Email: blaes@physics.ucsb.edu

## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

## 16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding 158,144.00

b. \* Total Federal & Non-Federal Funds 158,144.00

c. \* Estimated Program Income 0.00

## 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 03/06/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 19. Authorized Representative

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:

Ms. Cara Egan-Williams

\* Position/Title: Sponsored Projects Officer \* Organization: The Regents of the University of California

Department: Office of Research Division: Sponsored Projects

\* Street1: University of California Street2:

\* City: Santa Barbara County: \* State: CA \* ZIP Code: 93106

\* Country: USA

\* Phone Number: 805 893-8809 Fax Number: 805 893-2811 \* Email: eaganwilliams@research.ucsb.edu

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

3/6/06

## 20. Pre-application

Add Attachment

Delete Attachment

View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;R)

<b>1. TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b> [ ]	<b>Applicant Identifier</b> [ ]
<b>3. DATE RECEIVED BY STATE</b> [ ]		<b>State Application Identifier</b> [ ]	
<b>4. Federal Identifier</b> [ ]			
<b>5. APPLICANT INFORMATION</b> <b>* Organizational DUNS:</b> 0726417070000 <b>* Legal Name:</b> Carnegie Institution of Washington <b>Department:</b> Plant Biology <b>Division:</b> [ ] <b>* Street1:</b> 1530 P Street, NW <b>Street2:</b> [ ] <b>* City:</b> Washington <b>County:</b> [ ] <b>* State:</b> DC <b>* ZIP Code:</b> 20005 <b>* Country:</b> USA			
Person to be contacted on matters involving this application <b>Prefix:</b> * <b>First Name:</b> Mr. <b>Middle Name:</b> Jefferey <b>* Last Name:</b> Lightfield <b>Suffix:</b> [ ] <b>* Phone Number:</b> 202-939-1129 <b>Fax Number:</b> 202-387-6092 <b>Email:</b> jlightfield@ciw.edu			
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 53-0196523		<b>7. * TYPE OF APPLICANT:</b> J: Nonprofit with 501C3 IRS status (other than Institution of Higher Education) Other (Specify): <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify) * Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 <b>TITLE:</b> Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Filling Knowledge Gaps in Biological Networks: Integrated Global Approaches to Understand H2 Metabolism in Chlamydomonas reinhardtii			
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> n/a		<b>RECEIVED</b> MAR - 6 2006 <b>STATE CLEARING HOUSE</b>	
<b>13. PROPOSED PROJECT:</b> * <b>Start Date:</b> 10/01/2006 * <b>Ending Date:</b> 09/30/2011			
<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * <b>Applicant:</b> DC-at large b. * <b>Project:</b> 14th			
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b> <b>Prefix:</b> * <b>First Name:</b> Dr. <b>Middle Name:</b> Arthur <b>* Last Name:</b> Grossman <b>Suffix:</b> [ ] <b>Position/Title:</b> Staff Scientist * <b>Organization Name:</b> Carnegie Institution of Washington <b>Department:</b> Plant Biology <b>Division:</b> [ ] <b>* Street1:</b> 260 Panama Street <b>Street2:</b> [ ] <b>* City:</b> Stanford <b>County:</b> [ ] <b>* State:</b> CA <b>* ZIP Code:</b> 94305 <b>* Country:</b> USA * <b>Phone Number:</b> 650-325-1521 x 212 <b>Fax Number:</b> 650-325-6857 * <b>Email:</b> arthurg@stanford.edu			

OMB Number: 4040-0001

Expiration Date: 04/30/2008

## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

## 16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding 999,438.00  
b. \* Total Federal & Non-Federal Funds 999,438.00  
c. \* Estimated Program Income 0.00

## 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 07/14/1982

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR  
☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 19. Authorized Representative

Prefix: \* First Name: Gary Middle Name: \* Last Name: Kowalczyk Suffix:  
\* Position/Title: Director \* Organization: Carnegie Institution of Washington  
Department: Administration & Finance Division:  
\* Street1: 1530 P Street, NW Street2:  
\* City: Washington County: \* State: DC \* ZIP Code: 20005  
\* Country: USA  
\* Phone Number: 202-939-1118 Fax Number: 202-367-8092 \* Email: gkowalczyk@ciw.edu

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

## 20. Pre-application

Add Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

<b>APPLICATION FOR FEDERAL ASSISTANCE</b> <b>SF 424 (R&amp;R)</b>		<b>2. DATE SUBMITTED</b> 03/06/2006		<b>Applicant Identifier</b> 	
		<b>3. DATE RECEIVED BY STATE</b> 		<b>State Application Identifier</b> 	
<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>4. Federal Identifier</b> 			
<b>5. APPLICANT INFORMATION</b> * Organizational DUNS: 0207307870000					
* Legal Name: Doheny Eye Institute					
Department:		Division:			
* Street1: 1450 San Pablo Street		Street2:			
* City: Los Angeles		County:		* State: CA	* ZIP Code: 90033
* Country: USA					
Person to be contacted on matters involving this application					
Prefix:		* First Name: Linda		Middle Name:	* Last Name: Little
				Suffix:	
* Phone Number: (323) 442-6600		Fax Number: (323) 442-6686		Email: little@doheny.org	
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 951855653			<b>7. * TYPE OF APPLICANT:</b> J: Nonprofit with 501C3 IRS status (other than Institution of Higher Education)		
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision			Other (Specify): Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged		
If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)			<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center		
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049		
What other Agencies?			TITLE: Office of Science Financial Assistance Program		
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Center for Advanced Neural Simulation: Retinal Implantation Physiology					
<b>12. * AREAS AFFECTED BY PROJECT</b> (cities, counties, states, etc.) N/A					
<b>13. PROPOSED PROJECT:</b> * Start Date: 07/01/2006 * Ending Date: 06/30/2011			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant: 34 b. * Project: 34		
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>					
Prefix:		* First Name: James		Middle Name:	* Last Name: Welland
				Suffix:	
Position/Title: Assistant Professor		* Organization Name: Doheny Eye Institute			
Department: Ophthalmal and Biomed Eng		Division:			
* Street1: 1450 San Pablo Street, DVRC 116		Street2:			
* City: Los Angeles		County:		* State: CA	* ZIP Code: 90033
* Country: USA					
* Phone Number: (323) 442-6670		Fax Number: (323) 442-6755		* Email: jwelland@doheny.org	

RECEIVED

MAR - 6 2006

STATE CLEARING HOUSE



## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

## 16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding 931,682.00  
b. \* Total Federal & Non-Federal Funds 931,682.00  
c. \* Estimated Program Income 931,682.00

## 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 03/06/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 19. Authorized Representative

Prefix: \* First Name: Linda Middle Name: Last Name: Little Suffix:  
\* Position/Title: Director Research Administration \* Organization: Doheny Eye Institute  
Department: Division:  
\* Street1: 1450 San Pablo Street, DVRC-312 Street2:  
\* City: Los Angeles County: State: CA \* ZIP Code: 90033  
\* Country: USA  
\* Phone Number: (323) 442-8600 Fax Number: (323) 442-0688 \* Email: llittle@doheny.org

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

## 20. Pro-application

Add Attachment

Delete Attachment

View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)****2. DATE SUBMITTED**

03/08/2006

Applic.

Identifier

**3. DATE RECEIVED BY STATE**

State Application Identifier

**1. \* TYPE OF SUBMISSION**

- ☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

**4. Federal Identifier****5. APPLICANT INFORMATION**

\* Organizational DUNS: 8043557900000

\* Legal Name: The Regents of the University of California; University of California, San Diego

Department: Office of Contract &amp; Grants

Division:

\* Street1: 9500 Gilman Drive, MC-0934

Street2:

\* City: La Jolla

County: San Diego

\* State: CA

\* ZIP Code: 92093

\* Country: USA

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

Last Name:

Suffix:

Judith

Wheaton

\* Phone Number: (858) 534-8832

Fax Number: (858) 534-0280

Email: jwheaton@ucsd.edu

**6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):**

956008144

**7. \* TYPE OF APPLICANT:**

F: State-Controlled Institution of Higher Education

**8. \* TYPE OF APPLICATION:** ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☒ Women Owned☒ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☒ A. Increase Award ☒ B. Decrease Award ☒ C. Increase Duration☒ D. Decrease Duration ☒ E. Other (specify)**9. \* NAME OF FEDERAL AGENCY:**

Chicago Service Center

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

81.049

TITLE: Office of Science Financial Assistance Program

**11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

Petascale Supernova Initiative (PSI)

**12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)**

San Diego, CA

**13. PROPOSED PROJECT:**

\* Start Date

\* Ending Date

07/01/2006

06/30/2011

**14. CONGRESSIONAL DISTRICTS OF:**

a. \* Applicant

b. \* Project

53

53

**15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION**

Prefix: \* First Name:

Middle Name:

Last Name:

Suffix:

Dr. George

Fuller

Position/Title: Professor

\* Organization Name:

The Regents of the University of California; University of California, San

Department: Astrophysics and Space Sci

Division:

\* Street1: 9500 Gilman Drive, MC-0424

Street2:

\* City: La Jolla

County: San Diego

\* State: CA

\* ZIP Code: 92093

\* Country: USA

\* Phone Number: (858) 534-6329

Fax Number: (858) 534-0177

\* Email: gfuller@ucsd.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

## 16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding 1,690,002.00  
b. \* Total Federal & Non-Federal Funds 1,690,002.00  
c. \* Estimated Program Income 0.00

## 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 03/06/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR  
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☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 19. Authorized Representative

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:  
Judith Wheaton  
\* Position/Title: Contract & Grant Officer \* Organization: The Regents of the University of California; University of California, San Diego  
Department: Ofc of Contracts & Grants Division:  
\* Street1: 9500 Gilman Drive, MC-0934 Street2:  
\* City: La Jolla County: San Diego \* State: CA \* ZIP Code: 92093  
\* Country: USA  
\* Phone Number: (858) 534-8832 Fax Number: (858) 534-0280 \* Email: jwheaton@ucsd.edu

\* Signature of Authorized Representative  
Completed on submission to Grants.gov

\* Date Signed  
Completed on submission to Grants.gov

## 20. Pre-application



Delete Attachment

View Attachments

OMB Number: 4040-0001

Expiration Date: 04/30/2008

DOT



FTA

U.S. Department of Transportation

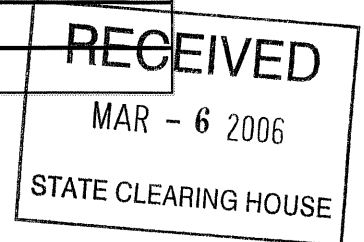
Federal Transit Administration

## Application for Federal Assistance

Recipient ID:	5551
Recipient Name:	FOOTHILL TRANSIT
Project ID:	CA-03-0739
Budget Number:	1 - Budget Pending Approval
Project Information:	TONP-Claremont

### Part 1: Recipient Information

Project Number:	CA-03-0739
Recipient ID:	5551
Recipient Name:	FOOTHILL TRANSIT
Address:	100 NORTH BARRANCA ST. SUITE 100, WEST COVINA, CA 91791 1600
Telephone:	(626) 967-2274
Facsimile:	(626) 915-1143



### Union Information

Recipient ID:	5551
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave. N.W.
Address 2:	
City:	Washington, D.C., MD 20016 4139
Contact Name:	James La Sala
Telephone:	(202) 537-1645
Facsimile:	(202) 244-7824
E-mail:	LW@ATU.ORG
Website:	

Recipient ID:	5551
Union Name:	UNITED TRANSPORTATION UNION (UTU)
Address 1:	14600 Detroit Ave.
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Bernie Mc Nelis

Telephone:	(216) 228-9400
Facsimile:	(216) 228-5755
E-mail:	BUS@UTU.ORG
Website:	

Recipient ID:	5551
Union Name:	INTERNATIONAL BROTHERHOOD TEAMSTER
Address 1:	25 Louisiana Ave. N.W.
Address 2:	
City:	Washington, D.C., MD 20001 0000
Contact Name:	James Hoffa
Telephone:	(202) 624-6800
Facsimile:	(202) 624-8110
E-mail:	FEEDBACK@TEAMSTERS.ORG
Website:	

Recipient ID:	5551
Union Name:	TRANSPORTATION COMMUNICATION UNION (TCU)
Address 1:	Guerrieri, Edmond & Clayman
Address 2:	1625 Massachusetts Avenue, N.W
City:	Washington D.C., 20036 2243
Contact Name:	Carmen Parcelli, Esq.
Telephone:	(202) 624-7400
Facsimile:	(202) 624-7420
E-mail:	cparcelli@geclaw.com
Website:	

## Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$3,125,000
Project Number:	CA-03-0739	Adjustment Amt:	\$0
Project Description:	TONP-Claremont	Total Eligible Cost:	\$3,125,000
Recipient Type:	City	Total FTA Amt:	\$2,500,000
FTA Project Mgr:	John Ottomanelli 213..202.3957	Total State Amt:	\$0
Recipient Contact:	Gil Victorio 626.967.2274 x 234	Total Local Amt:	\$625,000
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20500	Special Condition:	None Specified
Sec. of Statute:	5309	S.C. Tgt. Date:	None Specified

State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	-	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Jun. 30, 2005		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

### Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

### Congressional Districts

State ID	District Code	District Official
6	26	David Dreier
6	29	Adam B Schiff
6	32	Hilda L Solis
6	38	Grace F Napolitano
6	42	Gary G Miller

### Project Details

#### SERVICE DESCRIPTION:

Foothill Transit provides public transportation services to San Gabriel and Pomona Valleys in Los Angeles County, California. The organization operates 38 lines throughout the 21 cities in the Los Angeles County. The cities are Arcadia, Azusa, Baldwin Park, Bradbury, Claremont, Covina, Diamond Bar, Duarte, El Monte, Glendora, Industry, Irwindale, La Puente, La Verne, Monrovia, Pomona, San Dimas, South El Monte, Temple City, Walnut and West Covina.

Within the Foothill Transit service area, there are three other transit agencies providers that are operating in the project location. The transit operators are: Metropolitan Transit Authority, Omni Trans and Montebello Bus Lines.

Foothill Transit's most unique feature is that it has no employees - both its management and operations are provided under contract to private enterprises. Administration is contracted to ATC/Forsythe and Associates. Operations and maintenance are contracted to First Transit, Inc. The contractors' names, addresses, phone and fax numbers are as follows:

ATC/Forsythe & Associates  
One Mid America Plaza, Suite 401  
Oakbrook Terrace, IL 60181

Tel. (630) 571-7070  
Fax (630) 571-6454

First Transit, Inc.  
705 Central Avenue  
Suite 500  
Cincinnati, OH 45202  
Tel. (513) 241-2200  
Fax (513) 381-0149

This grant application will finance capital project to construct 477-space parking facility with 200 spaces reserved for transit patrons in Claremont Village Center by the City of Claremont partnering with Foothill Transit (recipient) with total project of \$3,125,000 including Sec. 5309 \$2,500,000 and Local matching funds of \$625,000. City of Claremont will be the sub-recipient of the total proceeds Sec. 5309 funds.

If you have any questions regarding this grant application, please contact Gil Victorio at telephone number (626) 967-2274 ext. 234 or email at [gvictorio@foothilltransit.org](mailto:gvictorio@foothilltransit.org).

## Part 3: Budget

### Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
<u>SCOPE</u>			
111-00 BUS - ROLLING STOCK	1	\$2,500,000.00	\$3,125,000.00
<u>ACTIVITY</u>			
11.33.04 CONSTRUCT - BUS PARK&RIDE LOT- TIP# LA0B311	1	\$2,500,000.00	\$3,125,000.00
<b>Estimated Total Eligible Cost:</b>			
			<b>\$3,125,000.00</b>
<b>Federal Share:</b>			
			<b>\$2,500,000.00</b>
<b>Local Share:</b>			
			<b>\$625,000.00</b>

OTHER (Scopes and Activities not included in Project Budget Totals)

**None**

No Amendment Funding Source information is available for the selected project

### Alternative Fuel Codes

### Extended Budget Descriptions

111-00	BUS - ROLLING STOCK	1	\$2,500,000.00	\$3,125,000.00
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## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;R)

1. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

## 1. \* TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

## 4. Federal Identifier

DE-FC02-01ER41182

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 0948783940000

\* Legal Name: The Regents of the University of California

Department: Office of Research

Division: Sponsored Projects

\* Street1: University of California

Street2:

\* City: Santa Barbara

County:

\* State: CA

\* ZIP Code: 90106-2050

\* Country: USA

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Ms. Elva

Martinez

\* Phone Number: 805-893-7360

Fax Number: 805-893-2611

Email: martinez@research.ucsb.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

95-6006145W

## 7. \* TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged8. \* TYPE OF APPLICATION: ☐ New☐ Resubmission ☒ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)\* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

## 9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

National Computational Infrastructure for Lattice Gauge Theory

## 12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Federal Government

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

07/01/2006

06/30/2011

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

23rd

23rd

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Robert

Louis

Sugar

Position/Title: Research Professor

\* Organization Name: The Regents of the University of California

Department: Physics

Division: Letters &amp; Science/MLPS

\* Street1: University of California

Street2:

\* City: Santa Barbara

County:

\* State: CA

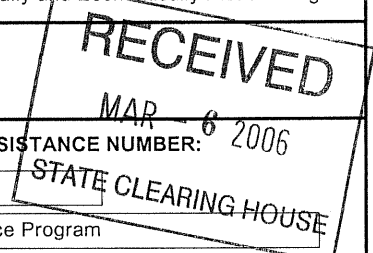
\* ZIP Code: 90106-9530

\* Country: USA

\* Phone Number: 805-893-3469

Fax Number: 805-893-2902

\* Email: sugar@physics.ucsb.edu



OMB Number: 4040-0001

Expiration Date: 04/30/2008



## 16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding 150,000.00

b. \* Total Federal & Non-Federal Funds 150,000.00

c. \* Estimated Program Income 0.00

## 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 03/06/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR  
☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 19. Authorized Representative

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:  
Ms. Cara Egan-Williams

\* Position/Title: Sponsored Projects Officer \* Organization: The Regents of the University of California

Department: Office of Research Division: Sponsored Projects

\* Street1: University of California Street2:

\* City: Santa Barbara County: \* State: CA \* ZIP Code: 90106-2050

\* Country: USA

\* Phone Number: 805-893-8809 Fax Number: 805-893-2611 \* Email: eganwilliams@research.ucsb.edu

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

## 20. Pre-application

Add Attachment

Delete Attachment

View Files

OMB Number: 4040-0001

Expiration Date: 04/30/2008

## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;R)

2. DATE SUBMITTED

Agency Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

## 1. \* TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

4. Federal Identifier

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 0948783910000

\* Legal Name: The Regents of the University of California

Department: Office of Research

Division: Sponsored Projects

\* Street1: University of California

Street2:

\* City: Santa Barbara

County:

\* State: CA

\* ZIP Code: 93106

\* Country: USA

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Elva

Martinez

\* Phone Number: 805 893-7360

Fax Number: 805 893-2611

Email: martinez@research.ucsb.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

95-6006145W

## 7. \* TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

8. \* TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)

## 9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Scalable Monte Carlo Particle Transport for Astrophysical Application

## 12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Federal Government

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

10/01/2006

09/30/2009

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

23rd

23rd

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Dr. Omer

Blaes

PhD

Position/Title: Research Professor

\* Organization Name: The Regents of the University of California

Department: Physics

Division:

Letters &amp; Science/MLPS

\* Street1: University of California

Street2:

\* City: Santa Barbara

County:

\* State: CA

\* ZIP Code: 93106

\* Country: USA

\* Phone Number: 805 893-7239

Fax Number: 805 893-3307

\* Email: blaes@physics.ucsb.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

## 16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding 158,144.00

b. \* Total Federal & Non-Federal Funds 158,144.00

c. \* Estimated Program Income 0.00

## 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 03/06/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 19. Authorized Representative

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:

Ms. Cara Egan-Williams

\* Position/Title: Sponsored Projects Officer \* Organization: The Regents of the University of California

Department: Office of Research Division: Sponsored Projects

\* Street1: University of California Street2:

\* City: Santa Barbara County: \* State: CA \* ZIP Code: 93106

\* Country: USA

\* Phone Number: 805 893-8809 Fax Number: 805 893-2611 \* Email: eganwilliams@research.ucsb.edu

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

## 20. Pre-application

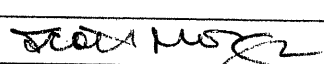
Add Attachment

Delete Attachment

Download Attachment

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <b>5. APPLICANT INFORMATION</b> Legal Name: City of Anderson Organizational DUNS: <b>Address:</b> Street: 1887 Howard Street City: Anderson County: Shasta State: California Zip Code: 96007 Country: USA		<b>2. DATE SUBMITTED</b> March 3, 2006		Applicant Identifier																						
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier																						
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier																						
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           94-6027661         </div>																										
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)																										
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           11-300         </div>																										
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Shasta County																										
<b>13. PROPOSED PROJECT</b> Start Date: January 1, 2007    Ending Date: December 31, 2008																										
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>1,813,050.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>1,813,050.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>3,626,100.00</td> </tr> </table>						a. Federal	\$	1,813,050.00	b. Applicant	\$	1,813,050.00	c. State	\$		d. Local	\$		e. Other	\$		f. Program Income	\$		g. TOTAL	\$	3,626,100.00
a. Federal	\$	1,813,050.00																								
b. Applicant	\$	1,813,050.00																								
c. State	\$																									
d. Local	\$																									
e. Other	\$																									
f. Program Income	\$																									
g. TOTAL	\$	3,626,100.00																								
<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Ox Yoke Infrastructure Project																										
<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 2nd (Wally Herger)    b. Project 2nd (Wally Herger)																										
<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																										
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																										
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																										
<b>a. Authorized Representative</b> Prefix:    First Name: Scott    Middle Name: Last Name: Morgan    Suffix: b. Title: City Manager c. Telephone Number (give area code): (530) 378-6646 d. Signature of Authorized Representative:  e. Date Signed: March 2, 2006																										

APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b>	Applicant Identifier																					
<b>5. APPLICANT INFORMATION</b> Legal Name: BURBANK-GLENDALE-PASADENA AIRPORT AUTHORITY Organizational DUNS: 126-078-450 Address: Street: 2627 HOLLYWOOD WAY City: BURBANK County: LOS ANGELES State: CALIFORNIA Zip Code: 91505 Country: U.S.A.		<b>3. DATE RECEIVED BY STATE</b> State Application Identifier <b>4. DATE RECEIVED BY FEDERAL AGENCY</b> Federal Identifier																							
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN)</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           9 5 - 3 3 3 7 7 3 2         </div>		Organizational Unit: Department: ENGINEERING Division: ADMINISTRATION Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR. First Name: DAN Middle Name: Last Name: FEGER Suffix: Email: DFEGER@BUR.ORG Phone Number (give area code): (818) 840-8840 Fax Number (give area code): (818) 840-9207																							
<b>8. TYPE OF APPLICATION</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <div style="border: 1px solid black; width: 30px; height: 20px; margin: 5px auto;"></div> Other (specify)		<b>7. TYPE OF APPLICANT: (See back of form for Application Types)</b> N Airport Other (specify)																							
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           2 0 - 1 0 6         </div> Title (Name of Program)		<b>9. NAME OF FEDERAL AGENCY</b> FEDERAL AVIATION ADMINISTRATION <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Reimbursement for cost of land acquisition already completed at 2555 Hollywood Way for airport development, specifically airport parking.																							
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> CITY OF BURBANK		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 27 b. Project: 27																							
<b>13. PROPOSED PROJECT</b> Start Date: 01/06 Ending Date: 02/06		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: B. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																							
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 20%;">\$</td> <td style="width: 20%;">23,391,280</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>5,633,760</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>29,025,040</td> </tr> </table>		a. Federal	\$	23,391,280	b. Applicant	\$	5,633,760	c. State	\$		d. Local	\$		e. Other	\$		f. Program Income	\$		g. TOTAL	\$	29,025,040	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No		
a. Federal	\$	23,391,280																							
b. Applicant	\$	5,633,760																							
c. State	\$																								
d. Local	\$																								
e. Other	\$																								
f. Program Income	\$																								
g. TOTAL	\$	29,025,040																							
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES OF THE APPLICANT IS AWARDED.</b>																									
<b>a. Authorized Representative</b> Prefix: MR. First Name: DAN Last Name: FEGER Title: DEPUTY EXECUTIVE DIRECTOR Signature of Authorized Representative: <i>[Signature]</i>																									
Middle Name: L. Suffix: c. Telephone Number (give area code): (818) 840-8840 e. Date Signed: 2/28/06																									

# APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

## 2. DATE SUBMITTED

03/06/2006

## Appl

## Identifier

## 3. DATE RECEIVED BY STATE

## State Application Identifier

## 1. \* TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

## 4. Federal Identifier

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 8043557900000

\* Legal Name: The Regents of the University of California; University of California San Diego

Department: Office of Contracts/Grants

Division:

\* Street1: University of California San Diego

Street2: 9500 Gilman Drive - 0934

\* City: La Jolla

County:

\* State: CA

\* ZIP Code: 92093-0934

\* Country: USA

RECEIVED

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

MAR - 6 2006

Last Name:

Suffix:

Judith

L

Wheaton

\* Phone Number: (858) 534-8832

Fax Number:

(858) 534-8832

Email:

jwheaton@ucsd.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

95-8006-144

## 7. \* TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

8. \* TYPE OF APPLICATION: ☒ New
☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☒ Women Owned☒ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☒ A. Increase Award ☒ B. Decrease Award ☒ C. Increase Duration☒ D. Decrease Duration ☒ E. Other (specify)

## 9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

\* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

TITLE: Office of Science Financial Assistance Program

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Just-In-Time Workload Management: Scalable Resource Sharing on the Open Science Grid

## 12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

San Diego

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

07/01/2006

06/30/2009

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

53

53

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Frank

Wuerthwein

Position/Title: Associate Professor

\* Organization Name:

The Regents of the University of California; University of California San

Department: Physics

Division:

General Campus

\* Street1: University of California San Diego

Street2:

9500 Gilman Drive - 0319

\* City: La Jolla

County: San Diego

\* State: CA

\* ZIP Code: 92093-0319

\* Country: USA

\* Phone Number: (858) 822-3219

Fax Number:

\* Email:

fkw@ucsd.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2006



## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;R)

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b> 03/06/2006	<b>App. Identifier</b> 
		<b>3. DATE RECEIVED BY STATE</b> 	<b>State Application Identifier</b> 
<b>4. Federal Identifier</b> 			
<b>5. APPLICANT INFORMATION</b> * Organizational DUNS: 8043557900000			
* Legal Name: The Regents of the University of California; University of California, San Diego			
Department: Office of Contract & Grants		Division:	
* Street1: 9500 Gilman Drive, MC-0934		Street2:	
* City: La Jolla	County: San Diego	* State: CA	* ZIP Code: 92093
* Country: USA			
Person to be contacted on matters involving this application			
Prefix:	* First Name: Judith	Middle Name:	Last Name: Wheaton Suffix:
* Phone Number: (858) 534-8832		Fax Number: (858) 534-0280	Email: jwheaton@ucsd.edu
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 956006144		<b>7. * TYPE OF APPLICANT:</b> F: State-Controlled Institution of Higher Education	
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Other (Specify): <input checked="" type="checkbox"/> Women Owned <input checked="" type="checkbox"/> Small Business Organization Type <input checked="" type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input checked="" type="checkbox"/> A. Increase Award <input checked="" type="checkbox"/> B. Decrease Award <input checked="" type="checkbox"/> C. Increase Duration <input checked="" type="checkbox"/> D. Decrease Duration <input checked="" type="checkbox"/> E. Other (specify)		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 TITLE: Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Cosmological Shocks, the Magnetized Universe, and the Origin of Extra-Galactic Cosmic Rays			
<b>12. * AREAS AFFECTED BY PROJECT</b> (cities, counties, states, etc.) San Diego, CA			
<b>13. PROPOSED PROJECT:</b> * Start Date: 07/01/2006 * Ending Date: 06/30/2011		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant: 53 b. * Project: 53	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>			
Prefix:	* First Name: Patrick	Middle Name:	* Last Name: Diamond Suffix:
Position/Title: Professor		* Organization Name: The Regents of the University of California; University of California, San	
Department: Office of Contract & Grants		Division:	
* Street1: 9500 Gilman Drive, MC-0424		Street2:	
* City: La Jolla	County: San Diego	* State: CA	* ZIP Code: 92093
* Country: USA			
* Phone Number: (858) 534-4025		Fax Number: (858) 534-0177	* Email: pdiamond@ucsd.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008



## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

## 16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding 1,250,000.00  
b. \* Total Federal & Non-Federal Funds 1,250,000.00  
c. \* Estimated Program Income 0.00

## 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 03/06/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 19. Authorized Representative

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:  
Judith Wheaton  
\* Position/Title: Contract & Grant Officer \* Organization: The Regents of the University of California; University of California, San Diego  
Department: Ofc of Contract & Grants Division:  
\* Street1: 9500 Gilman Drive, MC-0934 Street2:  
\* City: La Jolla County: San Diego \* State: CA \* ZIP Code: 92093  
\* Country: USA  
\* Phone Number: (658) 534-8832 Fax Number: (658) 534-0280 \* Email: jwheaton@ucsd.edu

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

## 20. Pre-application

Delete Attachment

View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)**

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b> 03/06/2006	<b>Applicant Identifier</b> 
		<b>3. DATE RECEIVED BY STATE</b> 	<b>State Application Identifier</b> 
<b>4. Federal Identifier</b> 			
<b>5. APPLICANT INFORMATION</b> <b>* Organizational DUNS:</b> 804355790			
<b>* Legal Name:</b> The Regents of the University of California, University of California, San Diego			
<b>Department:</b> Office of Contract & Grants		<b>Division:</b>	
<b>* Street1:</b> 9500 Gilman Drive, MC-0934		<b>Street2:</b>	
<b>* City:</b> La Jolla	<b>County:</b> San Diego	<b>* State:</b> CA	<b>* ZIP Code:</b> 92093
<b>* Country:</b> USA			
<b>Person to be contacted on matters involving this application</b> <b>Prefix:</b> * <b>First Name:</b> Judith <b>Middle Name:</b> <b>Last Name:</b> Wheaton <b>Suffix:</b>			
<b>* Phone Number:</b> (858) 534-8832		<b>Fax Number:</b> (858) 534-0280	<b>Email:</b> jwheaton@ucsd.edu
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 958008144		<b>7. * TYPE OF APPLICANT:</b> F: State-Controlled Institution of Higher Education Other (Specify): <input checked="" type="checkbox"/> Women Owned <input checked="" type="checkbox"/> Socially and Economically Disadvantaged	
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es). <input checked="" type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input checked="" type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center	
<b>* Is this application being submitted to other agencies?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81,049 <b>TITLE:</b> Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Computational Astrophysics Consortium: I. Cosmic Structure and Evolution			
<b>12. * AREAS AFFECTED BY PROJECT</b> (cities, counties, states, etc.) San Diego, CA			
<b>13. PROPOSED PROJECT:</b> <b>* Start Date</b> 07/01/2006 <b>* Ending Date</b> 06/30/2011		<b>14. CONGRESSIONAL DISTRICTS OF:</b> <b>a. * Applicant</b> 53 <b>b. * Project</b> 53	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b> <b>Prefix:</b> * <b>First Name:</b> Michael <b>Middle Name:</b> <b>Last Name:</b> Norman <b>Suffix:</b>			
<b>Position/Title:</b> Professor		<b>* Organization Name:</b> The Regents of the University of California, University of California, San	
<b>Department:</b> Astrophysics and Space Sci		<b>Division:</b> Physics	
<b>* Street1:</b> 9500 Gilman Drive, MC-0424		<b>Street2:</b>	
<b>* City:</b> La Jolla	<b>County:</b> San Diego	<b>* State:</b> CA	<b>* ZIP Code:</b> 92093
<b>* Country:</b> USA			
<b>* Phone Number:</b> (858) 534-4194		<b>Fax Number:</b> (858) 534-0177	<b>Email:</b> mlnorman@ucsd.edu

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding

b. \* Total Federal & Non-Federal Funds

c. \* Estimated Program Income

**17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**

Prefix: \* First Name:  Middle Name:  \* Last Name:  Suffix:

\* Position/Title:  \* Organization:

Department:  Division:

\* Street1:  Street2:

\* City:  County:  \* State:  \* ZIP Code:

\* Country:

\* Phone Number:  Fax Number:  \* Email:

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

**20. Pre-application**





OMB Number: 4040-0001

Expiration Date: 04/30/2008

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)**

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b> 03/06/2006		<b>Applicant Identifier</b> 	
		<b>3. DATE RECEIVED BY STATE</b> 		<b>State Application Identifier</b> 	
		<b>4. Federal Identifier</b> 			
<b>5. APPLICANT INFORMATION</b>					
* Legal Name: The Regents of the University of California; University of California San Diego					
Department: Office of Contracts & Grants		Division:			
* Street1: University of California San Diego		Street2: 9500 Gilman Drive - 0934			
* City: La Jolla		County:		* State: CA	* ZIP Code: 92093-0934
* Country: USA					
RECEIVED MAR - 6 2006 STATE CLEARING HOUSE					
Person to be contacted on matters involving this application					
Prefix: * First Name: Judith		Middle Name: L		* Last Name: Wheaton    Suffix:	
* Phone Number: (858) 534-8832		Fax Number: (858) 534-0280		Email: jwheaton@ucd.edu	
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 95-8008-144			<b>7. * TYPE OF APPLICANT:</b> F: State-Controlled Institution of Higher Education		
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision			Other (Specify): <input checked="" type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged		
If Revision, mark appropriate box(es). <input checked="" type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input checked="" type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)			<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center		
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049		
What other Agencies?			TITLE: Office of Science Financial Assistance Program		
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Edge Services Framework: Enabling VO specific Services on the Open Science Grid					
<b>12. * AREAS AFFECTED BY PROJECT</b> (cities, counties, states, etc.) San Diego					
<b>13. PROPOSED PROJECT:</b> * Start Date: 07/01/2006    * Ending Date: 08/30/2009			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant: 53    b. * Project: 53		
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>					
Prefix: * First Name: Frank		Middle Name:		* Last Name: Wuerthwein    Suffix:	
Position/Title: Associate Professor		* Organization Name: The Regents of the University of California; University of California San			
Department: Office of Contracts & Grants		Division:			
* Street1: University of California San Diego		Street2: 9500 Gilman Drive - 0934			
* City: La Jolla		County: San Diego		* State: CA	* ZIP Code: 92093-0934
* Country: USA					
* Phone Number: (858) 822-3219		Fax Number:		* Email: fkw@ucsd.edu	

## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

## 16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding 496,341.00  
b. \* Total Federal & Non-Federal Funds 496,341.00  
c. \* Estimated Program Income 0.00

## 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 03/06/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 19. Authorized Representative

Prefix: \* First Name: Judith Middle Name: L Last Name: Wheaton Suffix:  
\* Position/Title: Contract & Grant Officer \* Organization: The Regents of the University of California; University of California San Diego  
Department: Ofc of Contracts & Grant Adm Division: The Regents of the Univ. of Cal  
\* Street1: University of California San Diego Street2: 9500 Gilman Drive - 0934  
\* City: La Jolla County: San Diego \* State: CA \* ZIP Code: 92093-0934  
\* Country: USA  
\* Phone Number: (858) 534-8832 Fax Number: (858) 534-0280 \* Email: jwheaton@ucsd.edu

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

## 20. Pre-application

OMB Number: 4040-0001

Expiration Date: 04/30/2006

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)**

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>App. Identifier</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
		<b>3. DATE RECEIVED BY STATE</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>State Application Identifier</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
		<b>4. Federal Identifier</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<b>5. APPLICANT INFORMATION</b> <div style="text-align: right;"><b>* Organizational DUNS:</b> 8043557900000</div> <div>* Legal Name: The Regents of the University of California; University of California San Diego</div> <div>Department: Office of Contracts &amp; Grants Division: University of California</div> <div>* Street1: 9500 Gilman Drive - 0934 Street2:</div> <div>* City: La Jolla County: State: CA * ZIP Code: 92093-0934</div> <div>* Country: USA</div>			
<div style="border: 2px solid black; padding: 10px; display: inline-block;"><b>RECEIVED</b> MAR - 6 2006 STATE CLEARING HOUSE</div>			
Person to be contacted on matters involving this application Prefix: * First Name: Judith Middle Name: L Last Name: Wheaton Suffix: * Phone Number: (858)634-8832 Fax Number: (858)634-0280 Email: jwheaton@ucsd.edu			
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 95-6006-144		<b>7. * TYPE OF APPLICANT:</b> F: State-Controlled Institution of Higher Education  Other (Specify): <input checked="" type="checkbox"/> Women Owned <input checked="" type="checkbox"/> Socially and Economically Disadvantaged	
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, mark appropriate box(es). <input checked="" type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)  * Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center  <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 61.049  TITLE: Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Storage Resource Management Center for Enabling Technology			
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> San Diego			
<b>13. PROPOSED PROJECT:</b> * Start Date: 07/01/2006 * Ending Date: 06/30/2011		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant: 53 b. * Project: 53	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b> Prefix: * First Name: Rena Middle Name: Last Name: Abhishek Suffix: Position/Title: Specialist * Organization Name: The Regents of the University of California; University of California San Department: Office of Contracts & Grants Division: University of California * Street1: 9500 Gilman Drive - 0934 Street2: * City: La Jolla County: State: CA * ZIP Code: 92093-0934 * Country: USA * Phone Number: (858)822-6666 Fax Number: Email: arana@ucsd.edu			

OMB Number: 4040-0001

Expiration Date: 04/30/2008

## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

## 16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding

b. \* Total Federal & Non-Federal Funds

c. \* Estimated Program Income

## 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR  
☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 19. Authorized Representative

Prefix: \* First Name:  Middle Name:  \* Last Name:  Suffix:

\* Position/Title:  \* Organization:

Department:  Division:

\* Street1:  Street2:

\* City:  County:  \* State:  \* ZIP Code:

\* Country:

\* Phone Number:  Fax Number:  \* Email:

\* Signature of Authorized Representative  
Completed on submission to Grants.gov

\* Date Signed  
Completed on submission to Grants.gov

## 20. Pre-application

OMB Number: 4040-0001

Expiration Date: 04/30/2006

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)****1. \* TYPE OF SUBMISSION**

- ☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

**2. DATE SUBMITTED**

03/06/2006

**App Identifier****3. DATE RECEIVED BY STATE****State Application Identifier****4. Federal Identifier****5. APPLICANT INFORMATION**

\* Organizational DUNS: 8049557900000

\* Legal Name: The Regents of the University of California; University of California, San Diego

Department: Office of Contracts &amp; Grants

Division:

\* Street1: 9500 Gilman Dr. Mail Code 0934

Street2:

\* City: La Jolla, CA

County: San Diego

\* State: CA

\* ZIP Code: 92093-0934

\* Country: USA

**RECEIVED**

MAR - 6 2006

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Ms. Judith

R

Wheaton

\* Phone Number: 858-534-8832

Fax Number: 858-534-0280

Email: jwheaton@ucsd.edu

**6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):**

95-8006-144

**7. \* TYPE OF APPLICANT:**

F: State-Controlled Institution of Higher Education

**8. \* TYPE OF APPLICATION:** ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☒ Women Owned☒ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☒ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☒ D. Decrease Duration ☐ E. Other (specify)**9. \* NAME OF FEDERAL AGENCY:**

Chicago Service Center

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

81.049

\* Is this application being submitted to other agencies? Yes ☒ No ☐

What other Agencies? Pacific NW Nat'l Lab

TITLE: Office of Science Financial Assistance Program

**11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

Hybrid Numerical Methods for Multiscale Simulations of Subsurface Biogeochemical Processes

**12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)**

San Diego, CA

**13. PROPOSED PROJECT:**

\* Start Date

\* Ending Date

07/01/2006

06/30/2010

**14. CONGRESSIONAL DISTRICTS OF:**

a. \* Applicant

b. \* Project

53

53

**15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION**

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Dr. Daniel

Tartakovsky

Position/Title: Acting Associate Professor

\* Organization Name:

The Regents of the University of California; University of California, San

Department: Mechanical &amp; Aerospace Eng.

Division:

\* Street1: 9500 Gilman Dr. Mail Code 0411

Street2:

\* City: La Jolla, CA

County: San Diego

\* State: CA

\* ZIP Code: 92093-0411

\* Country: USA

\* Phone Number: 858-534-1376

Fax Number: 858-534-7078

\* Email: dmt@ucsd.edu



## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

## 16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding 400,000.00

b. \* Total Federal & Non-Federal Funds 400,000.00

c. \* Estimated Program Income 0.00

## 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 03/08/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 19. Authorized Representative

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:

Ms. Judith R. Wheaton

\* Position/Title: Contract & Grant Officer \* Organization: The Regents of the University of California; University of California, San Diego

Department: Office of Contracts & Grants Division:

\* Street1: 9500 Gilman Dr. Mail Code 0934 Street2:

\* City: La Jolla, CA County: San Diego \* State: CA \* ZIP Code: 92093-0934

\* Country: USA

\* Phone Number: 858-534-8832 Fax Number: 858-534-0280 \* Email: jwheaton@ucsd.edu

\* Signature of Authorized Representative  
Completed on submission to Grants.gov

\* Date Signed  
Completed on submission to Grants.gov

## 20. Pre-application

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b> 	<b>Applicant Identifier</b> 
<b>5. APPLICANT INFORMATION</b> * Legal Name: The Regents of the University of California Department: ERSO Division: <b>RECEIVED</b> * Street1: c/o Sponsored Projects Office Street2: <b>MAR - 3 2006</b> * City: Berkeley County: Alameda * State: CA * ZIP Code: 94720-5940 * Country: USA		<b>3. DATE RECEIVED BY STATE</b> 	
<b>4. Federal Identifier</b> 		<b>State Application Identifier</b> 	
<b>* Organizational DUNS:</b> 1247267250000			
Person to be contacted on matters involving this application Prefix: * First Name: Ms. Erin Middle Name: Last Name: Relche Suffix: * Phone Number: (510) 486-5160 Fax Number: (510) 486-7384 Email: EERelche@lbl.gov			
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 946002123		<b>7. * TYPE OF APPLICANT:</b> J: Nonprofit with 501C3 IRS status (other than Institution of Higher Education) Other (Specify): Small Business Organization Type <input checked="" type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify): * Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 TITLE: Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Center for Computational Machine Intelligence and Systems Science			
<b>12. * AREAS AFFECTED BY PROJECT</b> (cities, counties, states, etc.) California			
<b>13. PROPOSED PROJECT:</b> * Start Date 07/01/2006 * Ending Date 06/30/2011		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant CA-009 b. * Project CA-009	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b> Prefix: * First Name: Dr. Sosale Middle Name: Shankara * Last Name: Sastry Suffix: Position/Title: Professor * Organization Name: The Regents of the University of California Department: ERSO Division: * Street1: c/o Sponsored Projects Office Street2: * City: Berkeley County: Alameda * State: CA * ZIP Code: 94720-5940 * Country: USA * Phone Number: (510) 642-1857 Fax Number: (510) 642-1800 * Email: sastry@eecs.berkeley.edu			

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2**

<b>16. ESTIMATED PROJECT FUNDING</b>  a. * Total Estimated Project Funding <input style="width: 150px;" type="text" value="2,304,115.00"/> b. * Total Federal & Non-Federal Funds <input style="width: 150px;" type="text" value="2,304,115.00"/> c. * Estimated Program Income <input style="width: 150px;" type="text" value="0.00"/>	<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE: <u>3-2-2006</u>  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR  <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																																																							
<b>18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</b>  <input checked="" type="checkbox"/> * I agree  <small>* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>																																																								
<b>19. Authorized Representative</b> <table style="width: 100%; border: none;"><tr><td style="width: 10%;">Prefix:</td><td style="width: 30%;">* First Name: <input style="width: 150px;" type="text" value="Susan"/></td><td style="width: 20%;">Middle Name: <input style="width: 150px;" type="text"/></td><td style="width: 30%;">* Last Name: <input style="width: 150px;" type="text" value="Hedley"/></td><td style="width: 10%;">Suffix: <input style="width: 100px;" type="text"/></td></tr><tr><td colspan="5"><hr/></td></tr><tr><td colspan="2">* Position/Title: <input style="width: 150px;" type="text" value="Acting Assistant Director, Federal Agency"/></td><td colspan="3">* Organization: <input style="width: 150px;" type="text" value="The Regents of the University of California"/></td></tr><tr><td colspan="2">Department: <input style="width: 150px;" type="text" value="Sponsored Projects Office"/></td><td colspan="3">Division: <input style="width: 150px;" type="text"/></td></tr><tr><td colspan="2">* Street1: <input style="width: 150px;" type="text" value="c/o Sponsored Projects Office"/></td><td colspan="3">Street2: <input style="width: 150px;" type="text"/></td></tr><tr><td>* City: <input style="width: 100px;" type="text" value="Berkeley"/></td><td colspan="2">County: <input style="width: 100px;" type="text" value="Alameda"/></td><td>* State: <input style="width: 50px;" type="text" value="CA"/></td><td>* ZIP Code: <input style="width: 100px;" type="text" value="94720-5940"/></td></tr><tr><td colspan="5">* Country: <input style="width: 50px;" type="text" value="USA"/></td></tr><tr><td colspan="2">* Phone Number: <input style="width: 100px;" type="text" value="(510) 642-8119"/></td><td colspan="2">Fax Number: <input style="width: 100px;" type="text" value="(510) 642-8236"/></td><td>* Email: <input style="width: 150px;" type="text" value="shedley@berkeley.edu"/></td></tr><tr><td colspan="5" style="text-align: center;"> </td></tr><tr><td colspan="3">* Signature of Authorized Representative <u>Susan M. Hedley</u></td><td colspan="2">* Date Signed <u>3-2-06</u></td></tr><tr><td colspan="3">Completed on submission to Grants.gov</td><td colspan="2">Completed on submission to Grants.gov</td></tr></table>		Prefix:	* First Name: <input style="width: 150px;" type="text" value="Susan"/>	Middle Name: <input style="width: 150px;" type="text"/>	* Last Name: <input style="width: 150px;" type="text" value="Hedley"/>	Suffix: <input style="width: 100px;" type="text"/>	<hr/>					* Position/Title: <input style="width: 150px;" type="text" value="Acting Assistant Director, Federal Agency"/>		* Organization: <input style="width: 150px;" type="text" value="The Regents of the University of California"/>			Department: <input style="width: 150px;" type="text" value="Sponsored Projects Office"/>		Division: <input style="width: 150px;" type="text"/>			* Street1: <input style="width: 150px;" type="text" value="c/o Sponsored Projects Office"/>		Street2: <input style="width: 150px;" type="text"/>			* City: <input style="width: 100px;" type="text" value="Berkeley"/>	County: <input style="width: 100px;" type="text" value="Alameda"/>		* State: <input style="width: 50px;" type="text" value="CA"/>	* ZIP Code: <input style="width: 100px;" type="text" value="94720-5940"/>	* Country: <input style="width: 50px;" type="text" value="USA"/>					* Phone Number: <input style="width: 100px;" type="text" value="(510) 642-8119"/>		Fax Number: <input style="width: 100px;" type="text" value="(510) 642-8236"/>		* Email: <input style="width: 150px;" type="text" value="shedley@berkeley.edu"/>	 					* Signature of Authorized Representative <u>Susan M. Hedley</u>			* Date Signed <u>3-2-06</u>		Completed on submission to Grants.gov			Completed on submission to Grants.gov	
Prefix:	* First Name: <input style="width: 150px;" type="text" value="Susan"/>	Middle Name: <input style="width: 150px;" type="text"/>	* Last Name: <input style="width: 150px;" type="text" value="Hedley"/>	Suffix: <input style="width: 100px;" type="text"/>																																																				
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* City: <input style="width: 100px;" type="text" value="Berkeley"/>	County: <input style="width: 100px;" type="text" value="Alameda"/>		* State: <input style="width: 50px;" type="text" value="CA"/>	* ZIP Code: <input style="width: 100px;" type="text" value="94720-5940"/>																																																				
* Country: <input style="width: 50px;" type="text" value="USA"/>																																																								
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* Signature of Authorized Representative <u>Susan M. Hedley</u>			* Date Signed <u>3-2-06</u>																																																					
Completed on submission to Grants.gov			Completed on submission to Grants.gov																																																					
<b>20. Pre-application</b> <input style="width: 150px;" type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>																																																								

OMB Number: 4040-0001

Expiration Date: 04/30/2008

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)****1. \* TYPE OF SUBMISSION**

☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

**2. DATE SUBMITTED****Applicant Identifier****3. DATE RECEIVED BY STATE****State Application Identifier****4. Federal Identifier****5. APPLICANT INFORMATION**

\* Organizational DUNS: 1247267250000

\* Legal Name: The Regents of the University of California, Berkeley

Department: Sponsored Projects Office

Division:

\* Street1: 336 Sproul Hall

Street2:

\* City: Berkeley

County: Alameda

\* State: CA

\* ZIP Code: 94720-5940

\* Country: USA

**RECEIVED**  
MAR - 3 2006**STATE CLEARING HOUSE**

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Susan

Hedley

\* Phone Number: (510) 642-8119

Fax Number: (510) 642-8236

Email: shedley@berkeley.edu

**6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):**

946002123

**7. \* TYPE OF APPLICANT:**

F: State-Controlled Institution of Higher Education

**8. \* TYPE OF APPLICATION:** ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify):**9. \* NAME OF FEDERAL AGENCY:**

Chicago Service Center

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

81.049

\* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

TITLE: Office of Science Financial Assistance Program

**11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

Carbon data assimilation and parameter estimations using Local Ensemble Transform Kalman Filter (LETKF)

**12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)**

State, nation, globe

**13. PROPOSED PROJECT:**

\* Start Date

\* Ending Date

07/01/2006

06/30/2009

**14. CONGRESSIONAL DISTRICTS OF:**

a. \* Applicant

b. \* Project

9th

9th

**15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION**

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Inez

Fung

Position/Title: Professor

\* Organization Name: The Regents of the University of California, Berkeley

Department: Earth and Planetary Science

Division:

\* Street1: 307 McCone Hall

Street2:

\* City: Berkeley

County: Alameda

\* State: CA

\* ZIP Code: 94720-4767

\* Country: USA

\* Phone Number: (510) 643-9367

Fax Number: (510) 643-9980

\* Email: inez@atmos.berkeley.edu

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2**

<b>16. ESTIMATED PROJECT FUNDING</b>  a. * Total Estimated Project Funding <input style="width: 150px;" type="text" value="750,003.00"/> b. * Total Federal & Non-Federal Funds <input style="width: 150px;" type="text" value="0.00"/> c. * Estimated Program Income <input style="width: 150px;" type="text" value="0.00"/>	<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input style="width: 150px;" type="text" value="03/03/2006"/>  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
---	--

**18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ \* I agree

\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

<b>19. Authorized Representative</b>				
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
	<input style="width: 150px;" type="text" value="Susan"/>		<input style="width: 150px;" type="text" value="Hedley"/>	<input style="width: 50px;" type="text"/>
* Position/Title:	<input style="width: 150px;" type="text" value="Assistant Director"/>		* Organization: <input style="width: 250px;" type="text" value="The Regents of the University of California, Berkeley"/>	
Department:	<input style="width: 150px;" type="text" value="Sponsored Projects Office"/>		Division: <input style="width: 150px;" type="text"/>	
* Street1:	<input style="width: 150px;" type="text" value="336 Sproul Hall"/>		Street2: <input style="width: 150px;" type="text"/>	
* City:	<input style="width: 100px;" type="text" value="Berkeley"/>	County: <input style="width: 100px;" type="text" value="Alameda"/>	* State: <input style="width: 50px;" type="text" value="CA"/>	* ZIP Code: <input style="width: 100px;" type="text" value="94720-5940"/>
* Country:	<input style="width: 100px;" type="text" value="USA"/>			
* Phone Number:	<input style="width: 100px;" type="text" value="(510) 642-8119"/>	Fax Number: <input style="width: 100px;" type="text"/>	* Email: <input style="width: 150px;" type="text" value="shedley@berkeley.edu"/>	
* Signature of Authorized Representative			* Date Signed	
Completed on submission to Grants.gov			Completed on submission to Grants.gov	

<b>20. Pre-application</b> <input style="width: 150px;" type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
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OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)

## 1. \* TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

## 2. DATE SUBMITTED

03/03/2006

## Applicant Identifier

## 3. DATE RECEIVED BY STATE

## State Application Identifier

## 4. Federal Identifier

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 8043557900000

\* Legal Name: The Regents of the University of California, University of California, San Diego

Department: Office of Contracts &amp; Grants

Division:

\* Street1: 9500 Gilman Drive MC 0934

Street2:

\* City: La Jolla

County:

\* State: CA

\* ZIP Code: 92093-0934

\* Country: USA

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Judith

Wheaton

\* Phone Number: 858-534-8832

Fax Number: 858-534-0280

Email: jwheaton@ucsd.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

95-9006-144

## 7. \* TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

8. \* TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☒ Women Owned☒ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☒ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☒ D. Decrease Duration ☐ E. Other (specify)

## 9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81,049

\* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

TITLE: Office of Science Financial Assistance Program

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Investigation of Cellulose Degrading Protein Machine via Scalable Million-Atom Simulations.

## 12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

United States

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

07/01/2006

06/30/2009

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

53

53

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Amit

Majumdar

Position/Title: PI/Specialist

\* Organization Name:

The Regents of the University of California, University of California, San

Department: Office of Contracts &amp; Grants

Division:

\* Street1: 9500 Gilman Drive MC 0934

Street2:

\* City: La Jolla

County:

\* State: CA

\* ZIP Code: 92093-0934

\* Country: USA

\* Phone Number: 858-534-8356

Fax Number: 858-822-0883

\* Email: majumdar@sdsc.edu

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MAR - 3 2006

STATE CLEARING HOUSE

## OF 424 (R&amp;R) APPLICATION R FEDERAL ASSISTANCE

Page 2

## 16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding 755,794.00

b. \* Total Federal & Non-Federal Funds 755,794.00

c. \* Estimated Program Income 0.00

## 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 03/06/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 19. Authorized Representative

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:

Judith Wheaton

\* Position/Title: Contracting Grant Officer \* Organization: The Regents of the University of California, University of California, San Diego

Department: Office of Contracts & Grants Division:

\* Street1: 9500 Gilman Drive MC 0934 Street2:

\* City: La Jolla County: \* State: CA \* ZIP Code: 92093-0934

\* Country: USA

\* Phone Number: 858-534-8832 Fax Number: \* Email: jwheaton@ucsd.edu

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

## 20. Pre-application

[Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

OMB Number: 4040-0001

Expiration Date: 04/30/2006

# APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

## 1. \* TYPE OF SUBMISSION

☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

## 2. DATE SUBMITTED

03/03/2006

## App' t Identifier

## 3. DATE RECEIVED BY STATE

## State Application Identifier

## 4. Federal Identifier

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 8043557900000

\* Legal Name: The Regents of the University of California, University of California, San Diego

Department: Office of Contract &amp; Grants

Division:

\* Street1: 9500 Gilman Drive MC 0934

Street2:

\* City: La Jolla

County:

\* State: CA

\* ZIP Code: 92093-0934

\* Country: USA

Person to be contacted on matters involving this application

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

Judith

Wheaton

\* Phone Number: 858-534-8632

Fax Number: 858-534-0280

Email: jwheaton@ucsd.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

95-8006-144

## 7. \* TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type

☒ Women Owned☒ Socially and Economically Disadvantaged8. \* TYPE OF APPLICATION: ☒ New

☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

☒ A. Increase Award ☒ B. Decrease Award ☒ C. Increase Duration☒ D. Decrease Duration ☒ E. Other (specify)

## 9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

\* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

TITLE: Office of Science Financial Assistance Program

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

The Data Gateways Institute-A SciDAC Enabling Technologies Institute

## 12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

San Diego, California

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

07/01/2006

06/30/2011

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

53

53

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

Natasha

Balac

Position/Title: PI/Programmer Analyst

\* Organization Name: The Regents of the University of California, University of California, San

Department: Office of Contract &amp; Grants

Division:

\* Street1: 9500 Gilman Drive MC 0934

Street2:

\* City: La Jolla

County:

\* State: CA

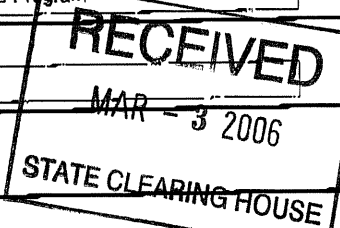
\* ZIP Code: 92093-0934

\* Country: USA

\* Phone Number: 858-534-5161

Fax Number: 858-822-0883

\* Email: natashab@sdsc.edu



OMB Number: 4040-0001

Expiration Date: 04/30/2008



## SF 424 (R&amp;R) APPLICATION FEDERAL ASSISTANCE

## 16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding 1,099,522.00

b. \* Total Federal & Non-Federal Funds 1,099,523.00

c. \* Estimated Program Income 0.00

## 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 03/06/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties, (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 19. Authorized Representative

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:

Judith Wheaton

\* Position/Title: Contracting Grant Officer \* Organization: The Regents of the University of California, University of California, San Diego

Department: Office of Contract & Grants Division:

\* Street1: 9500 Gilman Drive MC 0934 Street2:

\* City: La Jolla County: \* State: CA \* ZIP Code: 92093-0934

\* Country: USA

\* Phone Number: 858-534-8832 Fax Number: 858-534-0280 \* Email: jwheaton@ucsd.edu

\* Signature of Authorized Representative  
Completed on submission to Grants.gov

\* Date Signed  
Completed on submission to Grants.gov

## 20. Pre-application

Add Attachment Delete Attachment View Attachments

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)

## 1. \* TYPE OF SUBMISSION

☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

## 2. DATE SUBMITTED

03/03/2006

## Applicant Identifier

## 3. DATE RECEIVED BY STATE

## State Application Identifier

## 4. Federal Identifier

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 8043557900000

\* Legal Name: The Regents of the University of California; University of California, San Diego

Department: Office of Contract &amp; Grant Admin

Division:

\* Street1: 9500 Gilman Drive

Street2: Mailcode 0934

\* City: La Jolla

County: San Diego

\* State: CA

\* ZIP Code: 92093-0934

\* Country: USA

RECEIVED

MAR - 3 2006

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Ms. Judith

Wheaton

\* Phone Number: 858 534-8832

Fax Number: 858 534-0280

Email: jwheaton@ucsd.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

95-6006-144

8. \* TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

☒ A. Increase Award ☒ B. Decrease Award ☒ C. Increase Duration☒ D. Decrease Duration ☒ E. Other (specify)\* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

## 7. \* TYPE OF APPLICANT:

P: Other (specify)

Other (Specify): Public, Nonprofit, Educational Institution

## Small Business Organization Type

☒ Women Owned☒ Socially and Economically Disadvantaged

## 9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.048

TITLE: Office of Science Financial Assistance Program

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

TOWARDS OPTIMAL PETASCALE SIMULATIONS

## 12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

San Diego County

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

07/01/2006

06/30/2011

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

53

53

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Dr. Daniel

Reynolds

Position/Title: Postgraduate Scholar

\* Organization Name: The Regents of the University of California; University of California, San

Department: Department of Mathematics

Division:

General Campus

\* Street1: 9500 Gilman Drive

Street2:

Mailcode 0112

\* City: La Jolla

County: San Diego

\* State: CA

\* ZIP Code: 92093-0112

\* Country: USA

\* Phone Number: 858 534-5862

Fax Number: 858 534-5273

\* Email: drreynol@math.ucsd.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

## 16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding 415,188.00  
b. \* Total Federal & Non-Federal Funds 415,188.00  
c. \* Estimated Program Income 0.00

## 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 03/06/2008

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR  
☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 19. Authorized Representative

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:  
Miss Judith Wheaton  
\* Position/Title: Contract and Grant Officer \* Organization: The Regents of the University of California; University of California, San Diego  
Department: Office of Contract & Grant Adm Division:  
\* Street1: 9500 Gilman Drive Street2: Mailcode 0934  
\* City: La Jolla County: San Diego \* State: CA \* ZIP Code: 92093-0934  
\* Country: USA  
\* Phone Number: 858 534-8832 Fax Number: 858 534-0280 \* Email: jwheaton@ucsd.edu

\* Signature of Authorized Representative  
Completed on submission to Grants.gov

\* Date Signed  
Completed on submission to Grants.gov

## 20. Pre-application

OMB Number: 4040-0001  
Expiration Date: 04/30/2008

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)**

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b> 03/06/2006	<b>App. Identifier</b> UCSD #2006-2643
		<b>3. DATE RECEIVED BY STATE</b> 	<b>State Application Identifier</b> 
		<b>4. Federal Identifier</b> 	
<b>5. APPLICANT INFORMATION</b>			
		<b>* Organizational DUNS:</b> 8043557800000	
<b>* Legal Name:</b> The Regents of the University of California, University of California, San Diego			
<b>Department:</b> Office of Contract/Grants		<b>Division:</b>	
<b>* Street1:</b> 9500 Gilman Dr. - 0934		<b>Street2:</b>	
<b>* City:</b> La Jolla	<b>County:</b> San Diego	<b>* State:</b> CA	<b>* ZIP Code:</b> 92093
<b>* Country:</b> USA			
<div style="border: 2px solid black; padding: 5px; display: inline-block;">RECEIVED MAR - 3 2006</div>			
<b>Person to be contacted on matters involving this application</b>			
<b>Prefix:</b> Mrs.	<b>* First Name:</b> Ruth	<b>Middle Name:</b>	<b>* Last Name:</b> Lingo
		<b>Suffix:</b>	
<b>* Phone Number:</b> 858-534-6527		<b>Fax Number:</b> 858-534-5354	<b>Email:</b> rlingo@ucsd.edu
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 1958008144		<b>7. * TYPE OF APPLICANT:</b> F: State-Controlled Institution of Higher Education	
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>Other (Specify):</b> <b>Small Business Organization Type</b> <input checked="" type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input checked="" type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center	
<b>* Is this application being submitted to other agencies?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>What other Agencies?</b>		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> B1.049 <b>TITLE:</b> Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Framework Application for Core-Edge Transport Simulation (FACETS)			
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> San Diego, CA			
<b>13. PROPOSED PROJECT:</b> <b>* Start Date</b> 07/01/2006 <b>* Ending Date</b> 06/30/2011		<b>14. CONGRESSIONAL DISTRICTS OF:</b> <b>a. * Applicant</b> 53 <b>b. * Project</b> 53	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>			
<b>Prefix:</b> Mr.	<b>* First Name:</b> Sergel	<b>Middle Name:</b>	<b>* Last Name:</b> Krashennikov
		<b>Suffix:</b> PhD	
<b>Position/Title:</b> Professor		<b>* Organization Name:</b> The Regents of the University of California, University of California, San	
<b>Department:</b> Office of Contract/Grants		<b>Division:</b>	
<b>* Street1:</b> 9500 Gilman Dr. - 0934		<b>Street2:</b>	
<b>* City:</b> La Jolla	<b>County:</b> San Diego	<b>* State:</b> CA	<b>* ZIP Code:</b> 92093
<b>* Country:</b> USA			
<b>* Phone Number:</b> 858-822-3476		<b>Fax Number:</b> 858-534-5354	<b>* Email:</b> skrash@mae.ucsd.edu

## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

## 16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding 515,513.00

b. \* Total Federal & Non-Federal Funds 515,513.00

c. \* Estimated Program Income 0.00

## 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 03/08/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 19. Authorized Representative

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:

Mrs. Judith [ ] Whealon [ ]

\* Position/Title: Contract and Grant Officer \* Organization: The Regents of the University of California, University of California, San Diego

Department: Office of Contracts and Grants Division: [ ]

\* Street1: 9500 Gilman Dr. - 0934 Street2: [ ]

\* City: La Jolla County: San Diego \* State: CA \* ZIP Code: 92093

\* Country: USA

\* Phone Number: 858-534-8632 Fax Number: 858-534-0280 \* Email: jwhealon@ucsd.edu

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

## 20. Pre-application

OMB Number: 4040-0001

Expiration Date: 04/30/2008

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 24, 2006		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Richard Molinar			Organizational Unit: Department: Regents of the University of California		
Organizational DUNS: 60-459-1925			Division: UC Cooperative Extension		
Address: Street: 1720 S. Maple Ave City: Fresno County: Fresno State: CA Zip Code: 93702			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Richard Middle Name: H. Last Name: Molinar Suffix:		
Country: USA			Email: rhmolinar@ucdavis.edu		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6036494			Phone Number (give area code) 559-456-7555		Fax Number (give area code) 559-456-7575
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) I. Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): USDA-RD Rural Business Enterprise Grant			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Joaquin Valley -Fresno, Madera, Merced, Tulare Counties, Calif.			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Feasibility Analysis of Post Harvest Cooling options for Specialty Produce Grown by SE Asian Refugee Farming Enterprises in the San Joaquin Valley, Calif. and Market Strategies for Those Crops		
13. PROPOSED PROJECT Start Date: June 1, 2006 Ending Date: May 31, 2007			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18 b. Project 18, 19		
15. ESTIMATED FUNDING: a. Federal \$ 82,350. b. Applicant in-kind \$ 11,260 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 86,260			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 27, 2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative Prefix Last Name Berman			First Name Carol Middle Name Suffix		
b. Title University of California Contract and Grants Coordinator			c. Telephone Number (give area code) 510-987-0050		
d. Signature of Authorized Representative			e. Date Signed		

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Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

rev 4/02

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

## 2. DATE SUBMITTED

Feb-28-2006

## 3. DATE RECEIVED BY STATE

Applicant Identifier

State Application Identifier

## 4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

## 1. TYPE OF SUBMISSION:

Application

Pre-application

☐ Construction

☐ Construction

☒ Non-Construction

☒ Non-Construction

## 5. APPLICANT INFORMATION

Legal Name:

City of Gridley

Organizational DUNS:

040477788

Address:

Street:

685 Kentucky Street

City:

Gridley

County:

Butte

State:

CA

Zip Code

95948

Country:

USA

Organizational Unit:

Department:

City Manager

Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix:

Mr.

First Name:

John

Middle Name

W.

Last Name

Slota

Suffix:

Email:

jslota@gridley.ca.us

Phone Number (give area code)

530-846-4675

Fax Number (give area code)

530-846-3228

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-6000344

## 8. TYPE OF APPLICATION:

☒ New

☐ Continuation

☐ Revision

If Revision, enter appropriate letter(s) in box(es)  
(See back of form for description of letters.)

☐

☐

Other (specify)

## 7. TYPE OF APPLICANT: (See back of form for Application Types)

Municipal

Other (specify)

## 9. NAME OF FEDERAL AGENCY:

USDA Rural Development

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-769

TITLE (Name of Program):

Rural Business Enterprise Grant

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Gridley, CA

## 13. PROPOSED PROJECT

Start Date:

July 2006

Ending Date:

June 2007

## 15. ESTIMATED FUNDING:

a. Federal	\$	92,000.00
b. Applicant	\$	25,000.00
c. State	\$	.00
d. Local	\$	25,000.00
e. Other	\$	8,100.00
f. Program Income	\$	.00
g. TOTAL	\$	150,000.00

## 14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

02

b. Project

02

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE:

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

## a. Authorized Representative

Prefix

Mr.

First Name

John

Middle Name

W.

Last Name

Slota

Suffix

b. Title

City Manager

c. Telephone Number (give area code)

530-846-4675

d. Signature of Authorized Representative

e. Date Signed

3-1-06

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;R)

<b>1. * TYPE OF SUBMISSION</b> Pre-application <input checked="" type="checkbox"/> Application Changed/Corrected Application		<b>2. DATE SUBMITTED</b> 03/03/2006	<b>A. Ant Identifier</b> N/A
		<b>3. DATE RECEIVED BY STATE</b> 03/03/2006	<b>State Application Identifier</b>
<b>4. Federal Identifier</b>			

<b>5. APPLICANT INFORMATION</b>		<b>* Organizational DUNS:</b> 1247267250000
<b>* Legal Name:</b> University of California, Berkeley		
<b>Department:</b> Sponsored Projects Office	<b>Division:</b>	
<b>* Street1:</b> 336 Sproul Hall	<b>Street2:</b>	
<b>* City:</b> Berkeley	<b>County:</b> Alameda	<b>* State:</b> CA
<b>* Country:</b> USA		<b>* ZIP Code:</b> 94720-5940

<b>Person to be contacted on matters involving this application</b>		
<b>Prefix:</b> *	<b>* First Name:</b> Susan	<b>Middle Name:</b>
		<b>* Last Name:</b> Hedley
<b>* Phone Number:</b> 510-642-8119	<b>Fax Number:</b> 510-642-8236	<b>Email:</b> shedley@berkeley.edu

<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 94-6002123	<b>7. * TYPE OF APPLICANT:</b> F: State-Controlled Institution of Higher Education  Other (Specify): Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)	<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center
<b>* Is this application being submitted to other agencies?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?	<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 <b>TITLE:</b> Office of Science Financial Assistance Program

<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Dynamic Meshing Institute
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> Berkeley, Alameda, California

<b>13. PROPOSED PROJECT:</b> * Start Date: 10/01/2006 * Ending Date: 09/30/2011	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant: 9th b. * Project: 9th
--	---

<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>			
<b>Prefix:</b> *	<b>* First Name:</b> Jonathan	<b>Middle Name:</b> R.	<b>* Last Name:</b> Shewchuk
			<b>Suffix:</b>
<b>Position/Title:</b> Associate Professor	<b>* Organization Name:</b> University of California, Berkeley		
<b>Department:</b> EECS	<b>Division:</b> Computer Sciences		
<b>* Street1:</b> 625 Soda Hall	<b>Street2:</b>		
<b>* City:</b> Berkeley	<b>County:</b> Alameda	<b>* State:</b> CA	<b>* ZIP Code:</b> 94720-1776
<b>* Country:</b> USA			
<b>* Phone Number:</b> 510-642-3936	<b>Fax Number:</b> 510-642-3962	<b>* Email:</b> jrs@cs.berkeley.edu	



## SF 424 (R&amp;R) APPLICATION | FEDERAL ASSISTANCE

Page 2

<b>16. ESTIMATED PROJECT FUNDING</b>		<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>			
a. * Total Estimated Project Funding	600,000.00	a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			
b. * Total Federal & Non-Federal Funds	0.00	DATE: 03/03/2006			
c. * Estimated Program Income	0.00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
<b>18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</b>					
<input checked="" type="checkbox"/> * I agree					
* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.					
<b>19. Authorized Representative</b>		<div>RECEIVED MAR 3 2006 STATE CLEARING HOUSE</div>			
Prefix:	* First Name:			Middle Name:	* Last Name:
	Jonathan				Shewchuk
* Position/Title:	Associate Professor			* Organization:	University of California, Berkeley
Department:	EECS			Division:	
* Street1:	625 Soda Hall			Street2:	
* City:	Berkeley			County:	Alameda
* State:	CA			* ZIP Code:	94720-1776
* Country:	USA				
* Phone Number:	510-642-3969			Fax Number:	510-642-8236
* Email:		jrs@cs.berkeley.edu			
* Signature of Authorized Representative Completed on submission to Grants.gov		* Date Signed Completed on submission to Grants.gov			
20. Pre-application		Shewchuk_PreApplication Letter.doc			
		Delete Attachment View Attachment			

OMB Number: 4040-0001

Expiration Date: 04/30/2008

## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;R)

## 2. DATE SUBMITTED

03/03/2006

## App. Identifier

## 3. DATE RECEIVED BY STATE

## State Application Identifier

## 1. \* TYPE OF SUBMISSION

Pre-application ☒ Application  
Changed/Corrected Application

## 4. Federal Identifier

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 124726725

\* Legal Name: University of California, Berkeley

Department: Sponsored Projects Office

Division:

\* Street1: 336 Sproul Hall

Street2:

\* City: Berkeley

County: Alameda

\* State: CA

\* ZIP Code: 94720-5940

\* Country: USA

RECEIVED

MAR 3 2006

STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Susan

Hedley

\* Phone Number: 510-642-8119

Fax Number: 510-642-8236

Email: shedley@berkeley.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

94-6002123

## 7. \* TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

8. \* TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)

## 9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

B1.049

\* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

TITLE: Office of Science Financial Assistance Program

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Towards Optimal Petascale Simulations (in collaboration with Columbia University)

## 12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Berkeley, Alameda, California

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

07/01/2006

06/30/2011

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

9th

US-All

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

James

W.

Dammal

Position/Title: Professor

\* Organization Name: University of California, Berkeley

Department: Sponsored Projects Office

Division:

\* Street1: 336 Sproul Hall

Street2:

\* City: Berkeley

County: Alameda

\* State: CA

\* ZIP Code: 94720-1776

\* Country: USA

\* Phone Number: 510-643-5386

Fax Number: 510-642-3962

\* Email: dammal@eecs.berkeley.edu

## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

## 16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding 800,758.00  
b. \* Total Federal & Non-Federal Funds 0.00  
c. \* Estimated Program Income 0.00

## 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 03/03/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 19. Authorized Representative

Prefix: \* First Name: James Middle Name: \* Last Name: Demmel Suffix:  
\* Position/Title: Professor \* Organization: University of California, Berkeley  
Department: EECS Division:  
\* Street1: 737 Soda Hall Street2:  
\* City: Berkeley County: Alameda \* State: CA \* ZIP Code: 94720-1776  
\* Country: USA  
\* Phone Number: 510-642-8119 Fax Number: 510-642-8236 \* Email: shedley@berkeley.edu

\* Signature of Authorized Representative

Completed on submission to Grants.gov

3 March 06

\* Date Signed

Completed on submission to Grants.gov

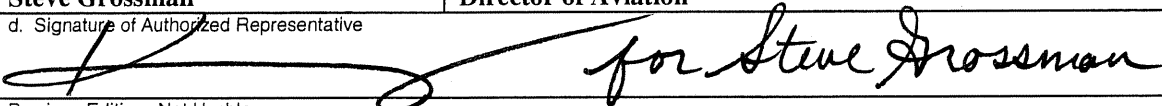
## 20. Pre-application

Add Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED <b>February 27, 2006</b>		Applicant Identifier <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>MAR - 3 2006</b> </div>																													
1. TYPE OF SUBMISSION: Application                      Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction  <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE  4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier  Federal Identifier <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>STATE CLEARING HOUSE</b> </div>																													
5. APPLICANT INFORMATION																																	
Legal Name: <b>Port of Oakland</b>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>MAR - 3 2006</b>  <b>STATE CLEARING HOUSE</b> </div>		Organizational Unit: <b>Port of Oakland Acting by and through its Board of Port Commissioners</b>																													
Address (give city, county, state, and zip code)  <b>530 Water Street Oakland, CA 94607</b>		Name and telephone number of the person to be contracted on matters involving this application (give area code)  <b>Christina Lee (510) 627-1510</b>																															
EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> <div style="border: 1px solid black; padding: 2px 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">7</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> <div style="border: 1px solid black; padding: 2px 5px;">6</div> <div style="border: 1px solid black; padding: 2px 5px;">3</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">2</div> </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px 5px; float: right;"><b>C</b></span> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div style="width: 45%;">           H. Interdependent School District            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify)         </div> </div>																															
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New    <input type="checkbox"/> Continuation    <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">A</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">B</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">C</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>A Increase Award D Decrease Duration</div> <div>B Decrease Award Other (specify)</div> <div>C Increase Duration</div> </div>		9. NAME OF FEDERAL AGENCY <b>Federal Aviation Administration</b>																															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER  TITLE: <b>Airport Improvement Program (AIP)</b>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">.</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">6</div> </div>																															
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):  <b>San Francisco Bay Area</b>		1. <b>Reconstruction of East Apron Pavement. Phase 2, South Field, OIA</b> 2. <b>Enhanced Taxiway Marking, Signing and Lighting - North Field, OIA</b>																															
13. PROPOSED PROJECT <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Start Date  <b>09/05</b> </div> <div style="width: 45%;">           Ending Date  <b>08/07</b> </div> </div>		14. CONGRESSIONAL DISTRICTS OF <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           a. Applicant  <b>7</b> </div> <div style="width: 45%;">           b. Project  <b>4</b> </div> </div>																															
15. ESTIMATED FUNDING <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 10%; text-align: right;"><b>13,923,097</b></td> <td style="width: 10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;"><b>4,794,381</b></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>f. Program income</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;"><b>18,717,478</b></td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	<b>13,923,097</b>	.00	b. Applicant	\$	<b>4,794,381</b>	.00	c. State	\$			d. Local	\$			e. Other	\$			f. Program income	\$			g. TOTAL	\$	<b>18,717,478</b>	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE: <b>February 27, 2006</b> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal	\$	<b>13,923,097</b>	.00																														
b. Applicant	\$	<b>4,794,381</b>	.00																														
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d. Local	\$																																
e. Other	\$																																
f. Program income	\$																																
g. TOTAL	\$	<b>18,717,478</b>	.00																														
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes If yes, attach an explanation         </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> No         </div>		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED																															
a. Typed Name of Authorized Representative <b>Steve Grossman</b>		b. Title <b>Director of Aviation</b>		c. Telephone number <b>(510) 627-1133</b>																													
d. Signature of Authorized Representative 		e. Date Signed <b>February 27, 2006</b>																															

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED <b>February 27, 2006</b>		Applicant Identifier	
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Preapplication Construction  <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b> MAR - 3 2006 </div>	
				4. DATE RECEIVED BY FEDERAL AGENCY	
5. APPLICANT INFORMATION		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b> MAR - 3 2006 STATE CLEARING HOUSE </div>			
Legal Name: <b>Port of Oakland</b>		Organizational Unit: <b>Port of Oakland Acting by and through its Board of Port Commissioners</b>			
Address (give city, county, state, and zip code)  <b>530 Water Street Oakland, CA 94607</b>		Name and telephone number of the person to be contracted on matters involving this application (give area code)  <b>Christina Lee (510) 627-1510</b>			
EMPLOYER IDENTIFICATION NUMBER (EIN):  <div style="display: flex; justify-content: space-around; font-size: 1.2em;"> <span>[9]</span><span>[4]</span><span>-</span><span>[1]</span><span>[7]</span><span>[4]</span><span>[6]</span><span>[3]</span><span>[1]</span><span>[2]</span> </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px 5px;"><b>C</b></span> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Interdependent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) </div> </div>			
8. TYPE OF APPLICATION:  <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> A Increase Award <input type="checkbox"/> D Decrease Duration </div> <div style="text-align: center;"> <input type="checkbox"/> B Decrease Award <input type="checkbox"/> Other (specify) </div> <div style="text-align: center;"> <input type="checkbox"/> C Increase Duration </div> </div>		9. NAME OF FEDERAL AGENCY <b>Federal Aviation Administration</b>			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER  <div style="display: flex; justify-content: space-around; font-size: 1.2em;"> <span>[2]</span><span>[0]</span><span>.</span><span>[1]</span><span>[0]</span><span>[6]</span> </div>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  <b>1. Overlay of Taxiway B, Design Phase, South Field, OIA</b> <b>2. Airport Storm Water Management Capital Improvement (Phase 1)</b>			
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):  <b>San Francisco Bay Area</b>					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF			
Start Date <b>09/06</b>	Ending Date <b>03/07</b>	a. Applicant <b>7</b>		b. Project <b>4</b>	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE: <b>February 27, 2006</b>  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal	\$ <b>2,000,000 .00</b>				
b. Applicant	\$ <b>481,698 .00</b>				
c. State	\$ .				
d. Local	\$ .				
e. Other	\$ .				
f. Program income	\$ .				
g. TOTAL	\$ <b>2,481,698 .00</b>				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  <input type="checkbox"/> Yes If yes, attach an explanation <input checked="" type="checkbox"/> No			
a. Typed Name of Authorized Representative <b>Steve Grossman</b>		b. Title <b>Director of Aviation</b>		c. Telephone number <b>(510) 627-1133</b>	
d. Signature of Authorized Representative 				e. Date Signed <b>February 27, 2006</b>	

## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;R)

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b> [ ]	<b>App .t Identifier</b> [ ]	
		<b>3. DATE RECEIVED BY STATE</b> [ ]	<b>State Application Identifier</b> [ ]	
		<b>4. Federal Identifier</b> [ ]		
<b>5. APPLICANT INFORMATION</b> <span style="float: right;">* Organizational DUNS: 1144548950000</span>				
* Legal Name: Mathematical Sciences Research Institute				
Department: [ ]		Division: [ ]		
* Street1: 17 Gauss Way		Street2: [ ]		
* City: Berkeley		County: Alameda	* State: CA * ZIP Code: 94720	
* Country: USA				
<b>RECEIVED</b> MAR - 3 2006				
Person to be contacted on matters involving this application				
Prefix: *	First Name:	Middle Name:	Last Name: Suffix:	
Dr.	James	W.	Demmel	[ ]
* Phone Number: (510)643-5386		Fax Number: (510)642-3962	Email: demmel@cs.berkeley.edu	
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 94-265-0833		<b>7. * TYPE OF APPLICANT:</b> J: Nonprofit with 501C3 IRS status (other than Institution of Higher Education)		
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Other (Specify): <b>Small Business Organization Type</b> <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged		
If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify):		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center		
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049		
What other Agencies?		TITLE: Office of Science Financial Assistance Program		
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Computational Science and Engineering Research Institute (CSERI) operated by the Mathematical Sciences Research Institute (MSRI)				
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> Located in Berkeley, CA, partners nation-				
<b>13. PROPOSED PROJECT:</b> * Start Date: 12/01/2006 * Ending Date: 12/01/2011		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant: California 9th b. * Project: California 9th		
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>				
Prefix: *	First Name:	Middle Name:	Last Name: Suffix:	
Dr.	James	W.	Demmel	[ ]
Position/Title: Director of CSERI		* Organization Name: Mathematical Sciences Research Institute		
Department: [ ]		Division: [ ]		
* Street1: 17 Gauss Way		Street2: [ ]		
* City: Berkeley		County: Alameda	* State: CA * ZIP Code: 94720	
* Country: USA				
* Phone Number: (510)643-5386		Fax Number: (510)642-3962	* Email: demmel@cs.berkeley.edu	

OMB Number: 4040-0001

Expiration Date: 04/30/2008

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding 12,197,668.00

b. \* Total Federal &amp; Non-Federal Funds 12,197,668.00

c. \* Estimated Program Income 0.00

**17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**a. YES ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

b. NO ☒ PROGRAM IS NOT COVERED BY E.O. 12372; OR☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:  
Dr. Gadriel Seroussi  
\* Position/Title: Associate Director \* Organization: Mathematical Sciences Research Institute  
Department: Division:  
\* Street1: 17 Gauss Way Street2:  
\* City: Berkeley County: Alameda \* State: CA \* ZIP Code: 94720  
\* Country: USA  
\* Phone Number: (510)642-4745 Fax Number: 510-642-8609 \* Email: gadriel@msri.org

**\* Signature of Authorized Representative**

Completed on submission to Grants.gov

**\* Date Signed**

Completed on submission to Grants.gov

**20. Pre-application**

Delete Attachment

View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

# APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>2. DATE SUBMITTED</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Applicant Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	<b>3. DATE RECEIVED BY STATE</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	State Application Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>4. Federal Identifier</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
<b>5. APPLICANT INFORMATION</b> * Organizational DUNS: 8043557900000 * Legal Name: The Regents of the University of California, University of California San Diego Department: Ofc.Contract & Grant Admin.    Division: <div style="border: 1px solid black; width: 100px; height: 15px;"></div> * Street1: 9500 Gilman Drive    Street2: MC0934 * City: La Jolla    County: San Diego    * State: CA    * ZIP Code: 92093-0934 * Country: USA		
<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>          MAR - 3 2006          STATE CLEARING HOUSE       </div>		
Person to be contacted on matters involving this application Prefix: * First Name:    Middle Name:    Last Name:    Suffix: <div style="border: 1px solid black; width: 100px; height: 15px;"></div> Judith <div style="border: 1px solid black; width: 100px; height: 15px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px;"></div> Whealon <div style="border: 1px solid black; width: 100px; height: 15px;"></div> * Phone Number: 858 534-8832    Fax Number: 858 534-8280    Email: jwhealon@ucsd.edu		
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> <div style="border: 1px solid black; width: 150px; height: 15px;"></div> 956006144	<b>7. * TYPE OF APPLICANT:</b> <div style="border: 1px solid black; width: 100%; height: 15px;"></div> F: State-Controlled Institution of Higher Education Other (Specify): <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="checkbox"/> Women Owned</div> <div><input checked="" type="checkbox"/> Socially and Economically Disadvantaged</div> </div>	
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es). <input checked="" type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)	<b>9. * NAME OF FEDERAL AGENCY:</b> <div style="border: 1px solid black; width: 100%; height: 15px;"></div> Chicago Service Center <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; width: 100%; height: 15px;"></div> 81.049 TITLE: Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <div style="border: 1px solid black; width: 100%; height: 15px;"></div> SciDAC Center for Experimental and Simulation Portal Technologies		
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> <div style="border: 1px solid black; width: 100%; height: 15px;"></div> San Diego, California		
<b>13. PROPOSED PROJECT:</b> * Start Date    * Ending Date <div style="border: 1px solid black; width: 100px; height: 15px;"></div> 07/01/2006 <div style="border: 1px solid black; width: 100px; height: 15px;"></div> 06/30/2011	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant    b. * Project <div style="border: 1px solid black; width: 100px; height: 15px;"></div> 53 <div style="border: 1px solid black; width: 100px; height: 15px;"></div> 53	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b> Prefix: * First Name:    Middle Name:    * Last Name:    Suffix: <div style="border: 1px solid black; width: 100px; height: 15px;"></div> Dr. <div style="border: 1px solid black; width: 100px; height: 15px;"></div> Mark <div style="border: 1px solid black; width: 100px; height: 15px;"></div> H <div style="border: 1px solid black; width: 100px; height: 15px;"></div> Ellisman <div style="border: 1px solid black; width: 100px; height: 15px;"></div> PhD Position/Title: Professor and Director    * Organization Name: The Regents of the University of California, University of California San Diego Department: Ctr Research Biological Struct    Division: School of Medicine * Street1: 9500 Gilman Drive    Street2: MC0608 * City: La Jolla    County: San Diego    * State: CA    * ZIP Code: 92093-0608 * Country: USA * Phone Number: 858 534-2251    Fax Number: 858 534-7497    * Email: mark@ncmir.ucsd.edu		



## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

## 16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding 985,489.00  
b. \* Total Federal & Non-Federal Funds 985,489.00  
c. \* Estimated Program Income 0.00

## 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 03/06/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 19. Authorized Representative

Prefix: \* First Name: Judith Middle Name: \* Last Name: Wheaton Suffix:  
\* Position/Title: Contract & Grant Officer \* Organization: The Regents of the University of California, University of California San Diego  
Department: Ofc. Contract & Grant Admin. Division:  
\* Street1: 9500 Gilman Drive Street2: MC0934  
\* City: La Jolla County: San Diego \* State: CA \* ZIP Code: 92093-0934  
\* Country: USA  
\* Phone Number: 858 534-8832 Fax Number: 858 534-0280 \* Email: jwheaton@ucsd.edu

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

## 20. Pre-application

Add Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application — Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 03/02/06	Applicant Identifier	
			3. DATE RECEIVED BY STATE	State Application Identifier	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: University of California, Berkeley			Organizational Unit: Department: EECS		
Organizational DUNS: 12-472-6725			Division: Computer Science		
Address: Street:  777 Soda Hall City: Berkeley County: Alameda State: California Zip Code: 94720-1776			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Kathy Middle Name: Last Name: Yelick Suffix:		
Country: US			Email: yelick@cs.berkeley.edu		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6002123			Phone Number (give area code) 510-642-7776		Fax Number (give area code) 510-642-3962
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) State Controlled Institution of Higher Learning Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81-049			9. NAME OF FEDERAL AGENCY: Department of Energy		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Berkeley, Alameda, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Institute for Scalable Application Development Software: Proposal for a SciDAC Institute		
13. PROPOSED PROJECT Start Date: 7/01/06 Ending Date: 6/30/11			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 9th b. Project US - All		
15. ESTIMATED FUNDING: a. Federal \$ 1,050,842.00 b. Applicant \$ .00 c. State \$ .00 d. Local \$ .00 e. Other \$ .00 f. Program Income \$ .00 g. TOTAL \$ .00			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix: First Name: Kathy Middle Name: Last Name: Yelick Suffix: b. Title Professor, Computer Science c. Telephone Number (give area code) 510-642-8900 d. Signature of Authorized Representative <i>Kame Yelick</i> e. Date Signed 3/02/06			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		

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Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 02/28/2006	Applicant Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
		<b>3. DATE RECEIVED BY STATE</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	State Application Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

<b>5. APPLICANT INFORMATION</b>		<b>Organizational Unit:</b>	
* Legal Name: Coral Reef Alliance		Department:	
* Organizational DUNS: 926418987		Division:	
<b>Address:</b>		Name and telephone number of person to be contacted on matters involving this application (give area code)	
* Street1: 417 Montgomery Street, Suite 205		Prefix: Mr. * First Name: Rick	
* Street2:		Middle Name:	
* City: San Francisco County: San Francisco		* Last Name: MacPherson	
* State: CA * Zip Code: 94104 * Country: USA		Suffix: * Email: rmacpherson@coral.org	
<b>6. * EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-3211245		* Phone Number (give area code) Fax Number (give area code) 415.834.0900 415.834.0999	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		<b>7. * TYPE OF APPLICANT:</b> Institution (Other than Institution of H)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE</b> 11.463 TITLE: Habitat Conservation		<b>9. * NAME OF FEDERAL AGENCY:</b> National Oceanic and Atmospheric Administration	
<b>12. * AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Maui, Hawaii		<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Maui Voluntary Code of Conduct and CORAL Reef Leadership Network	
<b>13. * PROPOSED PROJECT:</b>		<b>14. * CONGRESSIONAL DISTRICTS OF:</b>	
* Start Date 07/01/2006	* Ending Date 12/31/2007	* a. Applicant 8	* b. Project 2
<b>15. * ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
* a. Federal \$ 50,000.00		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 03/02/2006	
* b. Applicant \$ 0.00		b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
* c. State \$ 20,000.00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
* d. Local \$ 0.00		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
* e. Other \$ 114,393.00		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
* f. Program Income \$ 0.00			
g. TOTAL \$			
<b>18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b> Prefix: Mr. * First Name: Rick Middle Name: Suffix:			
* Last Name: MacPherson			
* b. Title: Program Director		* c. Telephone Number (give area code): 415.834.0900 x302	
* Email: rmacpherson@coral.org		Fax Number (give area code): 415.834.0999	
d. Signature of Authorized Representative:		e. Date Signed:	
Completed on submission to Grants.gov		Completed on submission to Grants.gov	

## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;R)

## 1. \* TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

## 2. DATE SUBMITTED

App. Identifier

## 3. DATE RECEIVED BY STATE

State Application Identifier

## 4. Federal Identifier

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 8043557900000

\* Legal Name: The Regents of the University of California; University of California San Diego

Department: Office of Contracts &amp; Grants

Division:

\* Street1: 9500 Gilman Dr. Mail Code 0934

Street2:

\* City: La Jolla

County: San Diego

\* State: CA

\* ZIP Code: 92093-0934

\* Country: USA

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Ms. Judith

Wheaton

\* Phone Number: 858-534-8832

Fax Number: 858-534-0280

Email: jwheaton@ucsd.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

95-8006-144

## 7. \* TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

8. \* TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☒ Women Owned☒ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☒ A. Increase Award ☒ B. Decrease Award ☒ C. Increase Duration☒ D. Decrease Duration ☒ E. Other (specify)

## 9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

\* Is this application being submitted to other agencies? Yes ☒ No ☐

What other Agencies? Argonne National Lab

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Center for Enabling Technologies: Advanced Computational Modeling of High-Power Beam/Particle Interactions with Matter

## 12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

San Diego, CA

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

07/01/2006

06/30/2011

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

53

53

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

Dr. Mark

S.

Tillack

Position/Title: Research Scientist/PI

\* Organization Name:

The Regents of the University of California; University of California San

Department: Mechanical &amp; Aerospace Eng.

Division:

\* Street1: 9500 Gilman Dr. Mail Code 0438

Street2:

\* City: La Jolla

County: San Diego

\* State: CA

\* ZIP Code: 92093-0438

\* Country: USA

\* Phone Number: 858-534-7897

Fax Number: 858-534-7078

\* Email: mtillack@ucsd.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding

b. \* Total Federal & Non-Federal Funds

c. \* Estimated Program Income

**17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**

Prefix: \* First Name:  Middle Name:  \* Last Name:  Suffix:

\* Position/Title:  \* Organization:

Department:  Division:

\* Street1:  Street2:

\* City:  County:  \* State:  \* ZIP Code:

\* Country:

\* Phone Number:  Fax Number:  \* Email:

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

**20. Pre-application**

OMB Number: 4040-0001

Expiration Date: 04/30/2008

## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;R)

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b> 03/02/2006	<b>App Identifier</b> 
		<b>3. DATE RECEIVED BY STATE</b> 	<b>State Application Identifier</b> 
		<b>4. Federal Identifier</b> 	
<b>5. APPLICANT INFORMATION</b> * Organizational DUNS: 8043557900000			
* Legal Name: The Regents of University of California San Diego			
Department: Office of Contracts and Grants		Division:	
* Street1: 9500 Gilman Drive		Street2: #0934	
* City: La Jolla		County: San Diego	* State: CA * ZIP Code: 92093-0934
* Country: USA			
<b>RECEIVED</b> MAR - 2 2006 STATE CLEARING HOUSE			
Person to be contacted on matters involving this application			
Prefix: * First Name: Ms. Judith		Middle Name:	* Last Name: Whealon Suffix:
* Phone Number: 858-534-8832		Fax Number: 858-534-0280	Email: jwhealon@ucsd.edu
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 95-8008-144		<b>7. * TYPE OF APPLICANT:</b> F: State-Controlled Institution of Higher Education	
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Other (Specify): <input checked="" type="checkbox"/> Women Owned <input type="checkbox"/> Small Business Organization Type <input type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input checked="" type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 TITLE: Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Enabling Computational Infrastructure for a Realistic Connection of Material Properties from Molecular Dynamics to Continuum Scales			
<b>12. * AREAS AFFECTED BY PROJECT</b> (cities, counties, states, etc.) La Jolla, San Diego, CA			
<b>13. PROPOSED PROJECT:</b> * Start Date: 07/01/2006 * Ending Date: 08/30/2011		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant: 53 b. * Project: 53	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>			
Prefix: * First Name: Dr. David		Middle Name:	* Last Name: Benson Suffix:
Position/Title: Professor		* Organization Name: Jacobs School of Engineering	
Department: MAE		Division: General Campus	
* Street1: 9500 Gilman Drive		Street2: #0411	
* City: La Jolla		County: San Diego	* State: CA * ZIP Code: 92093-0411
* Country: USA			
* Phone Number: 858-534-6928		Fax Number: 858-534-5698	* Email: dbenson@ucsd.edu

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding

b. \* Total Federal & Non-Federal Funds

c. \* Estimated Program Income

**17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:

Ms. Judith   Wheaton

\* Position/Title:  \* Organization:

Department:  Division:

\* Street1:  Street2:

\* City:  County:  \* State:  \* ZIP Code:

\* Country:

\* Phone Number:  Fax Number:  \* Email:

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

**20. Pre-application**

OMB Number: 4040-0001

Expiration Date: 04/30/2008

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> February 21, 2006	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b>	
Legal Name: Andrew J Tuiasosopo	Organizational Unit: Tuiasosopo Built LLC
Address (give city, county, State, and zip code): 28907 Dune Lane #101, Canyon Country, CA 91387 Los Angeles	Name and telephone number of person to be contacted on matters involving this application (give area code) Andrew J Tuiasosopo 661-251-7403
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             1 3 — 4 3 0 8 6 3 9           </div>	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="text-align: right; border: 1px solid black; width: 30px; float: right; margin-top: -20px;">N</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">             A. State              B. County              C. Municipal              D. Township              E. Interstate              F. Intermunicipal              G. Special District           </div> <div style="width: 45%;">             H. Independent School Dist.              I. State Controlled Institution of Higher Learning              J. Private University              K. Indian Tribe              L. Individual              M. Profit Organization              N. Other (Specify) <u>LLC</u> </div> </div>
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">A. Increase Award</div> <div style="width: 30%;">B. Decrease Award</div> <div style="width: 30%;">C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">D. Decrease Duration</div> <div style="width: 30%;">Other(specify):</div> <div style="width: 30%;"></div> </div> <div style="margin-top: 10px;"> <u>New Award</u> </div>	<b>9. NAME OF FEDERAL AGENCY:</b> SMALL BUSINESS ADMINISTRATION
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;">             5 9 — 0 0 6           </div> TITLE: 8(a) Business Development	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> SANTA ANA COLLEGE-PHYSICAL EDUCATION SEISMIC REPLACEMENT/EXPANSION PROJECT (BID#1002, CONTRACT #1 & #2) and other buildings up for bid on same site.
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Santa Ana, CA	
<b>13. PROPOSED PROJECT</b>	<b>14. CONGRESSIONAL DISTRICTS OF:</b>
Start Date 3/31/06	Ending Date 12/21/07
a. Applicant 42nd Congressional Dist.	
b. Project Santa Ana College (Bid #1002, Contract #1 & #2)	
<b>15. ESTIMATED FUNDING:</b>	
a. Federal	\$ 250,000.00
b. Applicant	\$ .00
c. State	\$ MAR - 2 2006 .00
d. Local	\$ STATE CLEARING HOUSE .00
e. Other	\$ .00
f. Program Income	\$ .00
g. TOTAL	\$ 250,000.00
<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>02/21/07</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>	
a. Type Name of Authorized Representative Andrew J Tuiasosopo	b. Title President
c. Telephone Number (661) 251-7403	
d. Signature of Authorized Representative	
e. Date Signed	



APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> MARCH 01, 2006		<b>Applicant Identifier</b>	
<b>3. DATE RECEIVED BY STATE</b>		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		<b>State Application Identifier</b>	
<b>5. APPLICANT INFORMATION</b> Legal Name: State Assistance Fund for Enterprise, Business & Industrial Development Corp. Organizational DUNS: 01 299 1295 Address: Street: 1211 N. DUTTON AVE., STE D City: SANTA ROSA County: SONOMA State: CA Zip Code: 95401 Country: UNITED STATES		<b>Organizational Unit:</b> Department: Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MS. First Name: MARY JO Middle Name: Last Name: DUTRA Suffix: Email: MJD@SAFE-BIDCO.COM		<b>Federal Identifier</b>	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-2717358		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) O - NOT-FOR-PROFIT Other (specify)		<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	
<b>9. NAME OF FEDERAL AGENCY:</b> UNITED STATES DEPT OF AGRICULTURE / RURAL DEV		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): 2006 RBEG 10-769		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> NORTHERN CALIFORNIA NATIVE AMERICAN REVOLVING LOAN FUND - PILOT (SEE ATTACHED SUMMARY)	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> NORTHERN CALIFORNIA (SEE ATTACHED SUMMARY)		<b>13. PROPOSED PROJECT</b> Start Date: 01/01/2007 Ending Date: 12/31/2010		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 01 b. Project 01, 02, 03, 04, 05, 06, 11	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
a. Federal \$ 350,000		a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: MARCH 01, 2006		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
b. Applicant \$ 35,000		b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
c. State \$ 0		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local \$ 0					
e. Other \$ 50,000					
f. Program Income \$ 0					
g. TOTAL \$ 435,000					
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
<b>a. Authorized Representative</b> Prefix: MS. First Name: MARY JO Middle Name: Last Name: DUTRA Suffix: b. Title: PRESIDENT/CEO c. Telephone Number (give area code): 800-273-8637 d. Signature of Authorized Representative e. Date Signed: MARCH 01, 2006					

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MAR - 2 2006

STATE CLEARING HOUSE

## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;R)

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b> 03/01/2006	<b>Applicant Identifier</b> 
		<b>3. DATE RECEIVED BY STATE</b> 03/01/2006	<b>State Application Identifier</b> 
		<b>4. Federal Identifier</b> 	
<b>5. APPLICANT INFORMATION</b> * Organizational DUNS: 6044775910000 * Legal Name: MGT Technical Consulting Department: Division: * Street1: 1126 Poinsettia Drive Street2: * City: West Hollywood County: * State: CA * ZIP Code: 90046 * Country: USA			
<b>Person to be contacted on matters involving this application</b> Prefix: * First Name: Middle Name: Last Name: Suffix: Dr. Luca Gratton * Phone Number: (323)512-2934 Fax Number: Email:			
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 551926441		<b>7. * TYPE OF APPLICANT:</b> O: Small Business Other (Specify): Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify): * Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 TITLE: Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Advanced Pulsed Power Collection Methods			
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> Los Angeles County, CA; Nye County, NV			
<b>13. PROPOSED PROJECT:</b> * Start Date * Ending Date 09/01/2006 03/31/2007		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant b. * Project District 30 District 30	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b> Prefix: * First Name: Middle Name: * Last Name: Suffix: Dr. Luca Gratton Position/Title: * Organization Name: MGT Technical Consulting Department: Division: * Street1: 1126 Poinsettia Drive Street2: * City: West Hollywood County: * State: CA * ZIP Code: 90046 * Country: USA * Phone Number: (323)512-2934 Fax Number: * Email: mgtechnical@adelphia.net			

OMB Number: 4040-0001

Expiration Date: 04/30/2006

## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

## 16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding 35,520.00  
b. \* Total Federal & Non-Federal Funds 35,520.00  
c. \* Estimated Program Income 0.00

## 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 03/01/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR  
☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 19. Authorized Representative

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:  
Dr. Luca Gratton  
\* Position/Title: General Manager \* Organization: MGT Technical Consulting  
Department: Division:  
\* Street1: 1126 Poinsettia Drive Street2:  
\* City: West Hollywood County: \* State: CA \* ZIP Code: 90048  
\* Country: USA  
\* Phone Number: (323)512-2934 Fax Number: \* Email: mgtechnical@adelphia.net

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

## 20. Pre-application

Add Attachment

Delete Attachment

View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)**

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b> 03/02/2006	<b>App Identifier</b> 
		<b>3. DATE RECEIVED BY STATE</b> 	<b>State Application Identifier</b> 
		<b>4. Federal Identifier</b> 	
<b>5. APPLICANT INFORMATION</b> <span style="float: right;">* Organizational DUNS: 8043557900000</span>			
* Legal Name: The Regents of University of California San Diego			
Department: Office of Contracts and Grants		Division:	
* Street1: 9500 Gilman Drive		Street2: #0934	
* City: La Jolla		County: San Diego	* State: CA * ZIP Code: 92093-0934
* Country: USA			
<b>RECEIVED</b> MAR - 2 2006			
Person to be contacted on matters involving this application			
Prefix: * First Name:		Middle Name: STATE CLEARING HOUSE	Last Name: Suffix:
Ms. Judith			Wheaton
* Phone Number: 858-534-8832		Fax Number: 858-534-0280	Email: jwheaton@ucsd.edu
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 95-6008-144		<b>7. * TYPE OF APPLICANT:</b> F: State-Controlled Institution of Higher Education	
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Other (Specify): <input checked="" type="checkbox"/> Small Business Organization Type <input checked="" type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input checked="" type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 TITLE: Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Enabling Computational Infrastructure for a Realistic Connection of Material Properties from Molecular Dynamics to Continuum Scales			
<b>12. * AREAS AFFECTED BY PROJECT</b> (cities, counties, states, etc.) La Jolla, San Diego, CA			
<b>13. PROPOSED PROJECT:</b> * Start Date: 07/01/2006 * Ending Date: 06/30/2011		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant: 53 b. * Project: 53	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>			
Prefix: * First Name: Dr. David		Middle Name:	* Last Name: Benson Suffix:
Position/Title: Professor		* Organization Name: Jacobs School of Engineering	
Department: MAE		Division: General Campus	
* Street1: 9500 Gilman Drive		Street2: #0411	
* City: La Jolla		County: San Diego	* State: CA * ZIP Code: 92093-0411
* Country: USA			
* Phone Number: 858-534-5928		Fax Number: 858-534-5608	* Email: dbenson@ucsd.edu

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding

b. \* Total Federal & Non-Federal Funds

c. \* Estimated Program Income

**17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ \* I agree

\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:

Ms. Judith  Wheaton

\* Position/Title:  \* Organization:

Department:  Division:

\* Street1:  Street2:

\* City:  County:  \* State:  \* ZIP Code:

\* Country:

\* Phone Number:  Fax Number:  \* Email:

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

**20. Pre-application**

OMB Number: 4040-0001

Expiration Date: 04/30/2006

APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>Applicant Identifier</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
		<b>3. DATE RECEIVED BY STATE</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>State Application Identifier</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>4. Federal Identifier</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
<b>5. APPLICANT INFORMATION</b> <div style="float: right; text-align: right;"><b>* Organizational DUNS:</b> <div style="border: 1px solid black; padding: 2px;">1136450840000</div></div> <div style="clear: both;"></div> <div>* Legal Name: <div style="border: 1px solid black; padding: 2px;">Regents of the University of California</div></div> <div>Department: <div style="border: 1px solid black; padding: 2px;">N/A</div> Division: <div style="border: 1px solid black; padding: 2px;">School of Natural Sciences</div></div> <div>* Street1: <div style="border: 1px solid black; padding: 2px;">University of California, Merced</div> Street2: <div style="border: 1px solid black; padding: 2px;">P.O. Box 2039</div></div> <div>* City: <div style="border: 1px solid black; padding: 2px;">Merced</div> County: <div style="border: 1px solid black; padding: 2px;"></div> * State: <div style="border: 1px solid black; padding: 2px;">CA</div> * ZIP Code: <div style="border: 1px solid black; padding: 2px;">95344</div></div> <div>* Country: <div style="border: 1px solid black; padding: 2px;">USA</div></div>			
Person to be contacted on matters involving this application Prefix:    * First Name:    Middle Name:    * Last Name:    Suffix: <div style="border: 1px solid black; padding: 2px;">Thea</div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;">Vicari</div> <div style="border: 1px solid black; padding: 2px;"></div> * Phone Number: <div style="border: 1px solid black; padding: 2px;">209-724-4318</div> Fax Number: <div style="border: 1px solid black; padding: 2px;">209-724-2912</div> Email: <div style="border: 1px solid black; padding: 2px;">tvicari@ucmerced.edu</div>			
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> <div style="border: 1px solid black; padding: 2px;">270093858</div>		<b>7. * TYPE OF APPLICANT:</b> <div style="border: 1px solid black; padding: 2px;">F: State-Controlled Institution of Higher Education</div> Other (Specify): <div style="text-align: center;"><b>Small Business Organization Type</b></div> <div><input type="checkbox"/> Women Owned    <input type="checkbox"/> Socially and Economically Disadvantaged</div>	
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify):  * Is this application being submitted to other agencies?    Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		<b>9. * NAME OF FEDERAL AGENCY:</b> <div style="border: 1px solid black; padding: 2px;">Chicago Service Center</div> <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px;">81.049</div> TITLE: <div style="border: 1px solid black; padding: 2px;">Office of Science Financial Assistance Program</div>	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <div style="border: 1px solid black; padding: 2px;">Multi-Scale Modeling and Computation of Convective Geophysical and Astrophysical Turbulence</div>			
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> <div style="border: 1px solid black; padding: 2px;">Merced, CA</div>			
<b>13. PROPOSED PROJECT:</b> * Start Date    * Ending Date <div style="border: 1px solid black; padding: 2px;">01/01/2007</div> <div style="border: 1px solid black; padding: 2px;">12/31/2011</div>		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant    b. * Project <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">18</div>	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b> Prefix:    * First Name:    Middle Name:    * Last Name:    Suffix: <div style="border: 1px solid black; padding: 2px;">Michael</div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;">Sprague</div> <div style="border: 1px solid black; padding: 2px;">PhD</div> Position/Title: <div style="border: 1px solid black; padding: 2px;">Assistant Professor</div> * Organization Name: <div style="border: 1px solid black; padding: 2px;">Regents of the University of California</div> Department: <div style="border: 1px solid black; padding: 2px;">N/A</div> Division: <div style="border: 1px solid black; padding: 2px;">School of Natural Sciences</div> * Street1: <div style="border: 1px solid black; padding: 2px;">University of California, Merced</div> Street2: <div style="border: 1px solid black; padding: 2px;">P.O. Box 2039</div> * City: <div style="border: 1px solid black; padding: 2px;">Merced</div> County: <div style="border: 1px solid black; padding: 2px;"></div> * State: <div style="border: 1px solid black; padding: 2px;">CA</div> * ZIP Code: <div style="border: 1px solid black; padding: 2px;">95344</div> * Country: <div style="border: 1px solid black; padding: 2px;">USA</div> * Phone Number: <div style="border: 1px solid black; padding: 2px;">209-381-4179</div> Fax Number: <div style="border: 1px solid black; padding: 2px;">209-724-2912</div> * Email: <div style="border: 1px solid black; padding: 2px;">msprague@ucmerced.edu</div>			

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 03/01/2006		Applicant Identifier	
<input type="checkbox"/> Construction		<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	
<input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Non-Construction		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: West Hills Community College District		Organizational Unit: Department: Student Learning			
Organizational DUNS: 080121718		Division: West Hills College Lemoore			
Address: Street: 9900 Cody Street		Name and telephone number of person to be contacted on matters involving this application (give area code)			
City: Coalinga		Prefix: Mrs.		First Name: Cathy	
County: Fresno		Middle Name			
State: CA		Last Name Barabe			
Zip Code 93210		Suffix:			
Country: United States		Email: cathybarabe@westhillscollge.com			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0323447		Phone Number (give area code) (559) 934-2147		Fax Number (give area code) (559) 934-2816	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) I. State Controlled Institution of Higher Learning Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-769		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cities of Hanford & Lemoore, Kings County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: West Hills College Lemoore Culinary Arts and Hospitality Program to assist Restaurant owners on how to manage & develop a successful small, independently owned business.			
13. PROPOSED PROJECT Start Date: 07/01/2006 Ending Date: 06/30/2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Jim Costa b. Project Jim Costa 20th District			
15. ESTIMATED FUNDING: a. Federal \$ 99,500 b. Applicant \$ 50,000 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 149,500		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes. If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
a. Authorized Representative Prefix Dr. First Name Frank Middle Name Last Name Gomick b. Title Chancellor c. Telephone Number (give area code) (559) 934-2102 d. Signature of Authorized Representative e. Date Signed 03/01/2006					

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Prescribed by OMB Circular A-102

## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;R)

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b> 	<b>Appl Identifier</b> 
<b>5. APPLICANT INFORMATION</b>		<b>3. DATE RECEIVED BY STATE</b> 	<b>State Application Identifier</b> 
<b>* Legal Name:</b> The Regents of the University of California, University of California, San Diego		<b>4. Federal Identifier</b> 	
<b>Department:</b> Office of Contract & Grants <b>Division:</b>		<b>* Organizational DUNS:</b> 8043557900000	
<b>* Street1:</b> 9500 Gilman Drive MC 0934 <b>Street2:</b>		<b>* State:</b> CA <b>* ZIP Code:</b> 92083-0934	
<b>* City:</b> La Jolla <b>County:</b>		<b>* Country:</b> USA	
<b>Person to be contacted on matters involving this application</b>			
<b>Prefix:</b> * <b>First Name:</b> Judith <b>Middle Name:</b>		<b>* Last Name:</b> <b>Suffix:</b>	
<b>* Phone Number:</b> 858-534-8832 <b>Fax Number:</b> 858-534-0280		<b>Email:</b> jwhealon@ucsd.edu	
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 95-6008-144		<b>7. * TYPE OF APPLICANT:</b> F: State-Controlled Institution of Higher Education	
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>Other (Specify):</b> Small Business Organization Type <input checked="" type="checkbox"/> Women Owned <input checked="" type="checkbox"/> Socially and Economically Disadvantaged	
<b>If Revision, mark appropriate box(es).</b> <input checked="" type="checkbox"/> A. Increase Award <input checked="" type="checkbox"/> B. Decrease Award <input checked="" type="checkbox"/> C. Increase Duration <input checked="" type="checkbox"/> D. Decrease Duration <input checked="" type="checkbox"/> E. Other (specify)		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center	
<b>* Is this application being submitted to other agencies?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>What other Agencies?</b>		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 <b>TITLE:</b> Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Collaborative Research: Performance Engineering Research Center			
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> United States			
<b>13. PROPOSED PROJECT:</b> <b>* Start Date</b> 07/01/2006 <b>* Ending Date</b> 06/30/2011		<b>14. CONGRESSIONAL DISTRICTS OF:</b> <b>a. * Applicant</b> 53 <b>b. * Project</b> 53	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>			
<b>Prefix:</b> * <b>First Name:</b> Allan <b>Middle Name:</b>		<b>* Last Name:</b> Snavely <b>Suffix:</b>	
<b>Position/Title:</b> Contracting Grant Officer <b>* Organization Name:</b> The Regents of the University of California, University of California, San		<b>Department:</b> San Diego Supercomputer Center <b>Division:</b>	
<b>* Street1:</b> 9500 Gilman Drive MC 0934 <b>Street2:</b>		<b>* State:</b> CA <b>* ZIP Code:</b> 92093-0934	
<b>* City:</b> La Jolla <b>County:</b>		<b>* Country:</b> USA	
<b>* Phone Number:</b> 858-534-5158 <b>Fax Number:</b> 858-822-0883		<b>* Email:</b> allans@sdsc.edu	



**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2**

<b>16. ESTIMATED PROJECT FUNDING</b>  a. * Total Estimated Project Funding <span style="border: 1px solid black; padding: 2px;">1,611,165.00</span> b. * Total Federal & Non-Federal Funds <span style="border: 1px solid black; padding: 2px;">1,611,165.00</span> c. * Estimated Program Income <span style="border: 1px solid black; padding: 2px;">0.00</span>	<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <span style="border: 1px solid black; padding: 2px;">03/06/2006</span>  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
--	---

**18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ \* I agree

\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

<b>19. Authorized Representative</b>				
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
	<span style="border: 1px solid black; padding: 2px;">Judith</span>		<span style="border: 1px solid black; padding: 2px;">Wheaton</span>	
* Position/Title: <span style="border: 1px solid black; padding: 2px;">Contracting Grant Officer</span>		* Organization: <span style="border: 1px solid black; padding: 2px;">The Regents of the University of California, University of California, San Diego</span>		
Department: <span style="border: 1px solid black; padding: 2px;">Office of Contract &amp; Grants</span>		Division: <span style="border: 1px solid black; padding: 2px;"></span>		
* Street1: <span style="border: 1px solid black; padding: 2px;">9500 Gilman Drive MC 0934</span>		Street2: <span style="border: 1px solid black; padding: 2px;"></span>		
* City: <span style="border: 1px solid black; padding: 2px;">La Jolla</span>	County: <span style="border: 1px solid black; padding: 2px;"></span>	* State: <span style="border: 1px solid black; padding: 2px;">CA</span>	* ZIP Code: <span style="border: 1px solid black; padding: 2px;">92093-0934</span>	
* Country: <span style="border: 1px solid black; padding: 2px;">USA</span>				
* Phone Number: <span style="border: 1px solid black; padding: 2px;">858-534-8832</span>		Fax Number: <span style="border: 1px solid black; padding: 2px;">858-534-0280</span>		* Email: <span style="border: 1px solid black; padding: 2px;">jwheaton@ucsd.edu</span>
<b>* Signature of Authorized Representative</b> Completed on submission to Grants.gov			<b>* Date Signed</b> Completed on submission to Grants.gov	

<b>20. Pre-application</b> <span style="border: 1px solid black; padding: 2px;"></span>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="Download Attachment"/>
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OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 3/1/06	Applicant Identifier	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

**5. APPLICANT INFORMATION**

Legal Name: Humboldt State University Sponsored Programs Foundation		Organizational Unit: Department: Office for Economic and Community Development	
Organizational DUNS: 01430274		Division:	
Address: Street: P.O. Box 1185		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Arcata		Prefix:	First Name: Margaret
County: Humboldt		Middle Name	
State: Ca		Last Name Gainer	
Zip Code 95518	Suffix:		
Country: USA		Email: mag12@humboldtLedu	

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
94-6050071

**8. TYPE OF APPLICATION:**  
☒ New  
☐ Continuation  
☐ Revision  
 If Revision, enter appropriate letter(s) in box(es)  
 (See back of form for description of letters.)  
 Other (specify)

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
 TITLE (Name of Program):  
 USDA Rural Development Rural Business Enterprise Grants

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
 Humboldt County

**13. PROPOSED PROJECT**  
 Start Date: 6/1/06 Ending Date: 5/31/07

**15. ESTIMATED FUNDING:**

a. Federal	\$	65,197	00
b. Applicant	\$	46,072	00
c. State	\$	0	00
d. Local	\$	19,505	00
e. Other	\$		00
f. Program Income	\$		00
g. TOTAL	\$	130,774	00

**14. CONGRESSIONAL DISTRICTS OF:**  
 a. Applicant 1 b. Project 1

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**  
 a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  
 DATE:  
 b. No. ☒ PROGRAM IS NOT COVERED BY E. O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**  
☐ Yes If "Yes" attach an explanation. ☒ No

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

**a. Authorized Representative**

Prefix	First Name Donna	Middle Name
Last Name Schafer	Suffix	
b. Title Interim Executive Director	c. Telephone Number (give area code) 707-826-4189	
d. Signature of Authorized Representative	e. Date Signed 3/1/06	

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<b>APPLICATION FOR FEDERAL ASSISTANCE</b>	2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION	3. DATE RECEIVED BY STATE	State Application Identifier
Application Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<b>5. APPLICANT INFORMATION</b>		
Legal Name		Organizational U
City and County of San Francisco		Mayor's Office o Criminal Justice
Address 1 Dr. Carlton B. Goodlett Place Suite 496 San Francisco, California 94102-4603		Name and teleph number of the pe be contacted on r involving this ap  Nance, Allen (415) 554-6564
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-6000479		7. TYPE OF APPLICANT  Municipal
8. TYPE OF APPLICATION New		9. NAME OF FE AGENCY  Bureau of Justice Assistance
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE  NUMBER: 16.738 CFDA EDWARD BYRNE MEMORIAL JUSTICE TITLE: ASSISTANCE GRANT PROGRAM		11. DESCRIPTI TITLE OF APPLICANT'S PROJECT  San Francisco Dr Elimination Team Program

**12. AREAS AFFECTED BY PROJECT**

City and County of San Francisco, California

**13. PROPOSED PROJECT**

Start Date: October 01, 2006

End Date: September 30, 2010

**14. CONGRESS DISTRICTS OF**

a. Applicant

b. Project

**15. ESTIMATED FUNDING**

Federal \$372,571

Applicant \$0

State \$0

Local \$0

Other \$0

Program Income \$0

TOTAL \$372,571

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS**

This preapplication/ap was made available to state executive order 12372 process for on 03/01/2006

**17. IS THE APPLICANT A DELINQUENT OR ANY FEDERAL**

N

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.

Close Window